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# **ANNUAL DCS CASE FILE REVIEW REPORT**

**For The Period Ending  
December 31, 2003**

**Submitted by the  
Technical Assistance Committee  
In The Case of Brian A. v. Bredesen**

**October 25, 2004**

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## **Introduction and Summary of Findings**

### **Introduction**

This report was prepared by the Technical Assistance Committee pursuant to the provisions of the orders entered in the case of *Brian A. v. Bredesen* Settlement Agreement, requiring improvements in the operations and outcomes of the Tennessee Department of Children's Services (DCS) on behalf of abused and neglected children and their families. Under the terms of the Stipulation of Settlement of Contempt Motion entered in U.S. District Court December 30, 2003, the *Brian A.* Technical Assistance Committee (TAC) assumed responsibility for assisting the State in developing an implementation plan and monitoring the State's performance under that plan and under the original agreement for a two-year period beginning January 1, 2004.

Much of the focus of DCS activity and of the TAC's work with DCS over the last nine months has been on the development and approval of an Implementation Plan, (the *Path to Excellence*), approved by the Court on August 19, 2004. The TAC has begun the work necessary to monitor state performance on key system and child and family outcomes and is developing a monitoring plan. This plan, covering the Outcomes and Implementation Strategies in the *Path to Excellence* and the Settlement Agreement, is expected to be completed by October. However, during the "interim period" prior to the approval of the Implementation Plan the Stipulation provided that the TAC, in consultation with the DCS and the plaintiffs, conduct a case record review to measure Settlement Agreement provisions that have a significant impact on the plaintiff class members.

The report that follows is primarily based on a case file review conducted in the spring of 2004 by the TAC monitoring staff with assistance from the DCS Quality Assurance Unit staff. The areas addressed in this case file review were selected by the TAC in consultation with the parties. The instrument used for the review was a modification of instruments used by the previous Federal Court Monitor and the DCS Quality Assurance Unit in earlier reviews. The sample of cases reviewed was randomly selected and stratified by region. All of the data entry and analysis were done by the TAC's monitoring staff under the supervision of the TAC. Appendix A provides a more detailed discussion of the methodology for the case file review. In addition to data from the case file review, the report also includes some data from other sources, including the Foster Home Application and Child Placement database (FHACP), Serious Incident Reports, and TNKids, as well as from more targeted follow-up reviews done in identified areas of concern.

While the information provided in this report provides one important measure of system performance and helps establish a baseline for assessing progress in the next eighteen months, it is important that the reader understand some of the inherent limitations of data drawn from a case file review.

(1) The process of selecting a sample of case records, going to multiple sites to review them, and entering and analyzing the data is a very labor-intensive and time-consuming one. By the time this work is completed, findings usually reflect past practice. The period covered by this review is April through December, 2003, roughly nine to eighteen months ago. The performance of Tennessee's child welfare system may have improved, stayed the same, or deteriorated since then. Moreover, the period reviewed preceded the development of the *Path to Excellence*. It is most useful, therefore, to regard the data in this report as establishing a baseline level of performance, against which the system is expected to demonstrate significant improvement in future monitoring reports.

(2) Case record reviews can determine what has been done,<sup>1</sup> but not the quality or effectiveness of what has been done. So, for example, a reviewer can learn from the case record that there have been six in-person contacts between a case manager and a child over a three month period, and conclude that the case is "in compliance" with a performance standard. But there is no way to judge reliably, from the case record alone, whether those in-person contacts addressed the important issues affecting the child's life, helped the child adjust to her new living situation, etc. Similarly, a case record review can show that there is a permanency plan for the child to return home, but it cannot reveal the extent to which this plan has been diligently implemented, nor the likelihood that it can be achieved. Answering these difficult questions normally requires a more intensive process known as Quality Service Reviews (QSR's), which involve structured interviews with all of the important individuals involved in a case, including the child if of age to participate and the parent(s). QSR's will be included in DCS's ongoing quality improvement plan and their results will be included in future monitoring reports.

(3) The size of the sample selected for review was determined by standard statistical measuring techniques, and it allows us to draw reasonable conclusions about the performance of the system as a whole. (Technically speaking, we can say with 95% confidence that, if we could read the records of all children rather than just the sample, the results would be within 5% of the results we found from the sample.) This level of confidence, however, applies only to measurements derived from the *entire* sample. We cannot, for example, reliably estimate the performance in each of the 12 DCS regions individually. Far more records would have to be read to produce sample sizes in each region large enough for such estimates. Similarly, findings that apply to other parts of the sample, such as children in the care of private agencies, children who are part of sibling groups, and children who re-entered care, are substantially less reliable than findings that apply to the entire sample.

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<sup>1</sup> By necessity, case record reviews measure what is documented about a particular child, family or activity. For the purpose of this report, and future monitoring of the Settlement Agreement, it is necessary to assume that "if it wasn't documented, it wasn't done." This introduces an unknown degree of error into the findings. If the system shows improvement in future reports, it will be impossible to know how much of that improvement represents better performance and how much of it represents better documentation. It is therefore critical that DCS is vigilant in ensuring that case activity is documented and kept current, as required by DCS Administrative Policies and Procedures Policy 31.16 and Settlement Agreement §V.G. and §V.A.

It is for these reasons that the monitoring plan currently under development will rely on multiple sources of information, both quantitative and qualitative, to assess State progress going forward. In addition, to the greatest extent possible, the TAC will attempt to use and analyze reliable system data on all of the children in the plaintiff class, thus permitting analysis of regional variations in progress and more reliable data on outcomes related to subgroups of the plaintiff class.

## Summary of Findings

As noted in the Introduction, the case file review that provides the basis of this report is for the period ending December 31, 2003 and therefore does not reflect any policy or practice changes implemented by DCS since January 1, 2004 nor does it reflect DCS's performance over the past 10 months. The findings in this report, particularly those highlighted in this section, should therefore be treated as a base line against which DCS's progress under the Settlement Agreement and the recently approved implementation plan can be measured over time.<sup>2</sup>

Overall, this report underscores the need for and importance of commitments to the comprehensiveness of strategies and actions laid out in the *Path To Excellence*. Many of the areas of concern identified in this report are areas in which DCS has already begun to focus its energy and attention. Several specific findings merit highlighting in this summary.

- ***Far too many children in foster care in Tennessee move from placement to placement and lack stability in their lives.*** (See Placement, p. 13.)

In the nine-month period between April 1, 2003 and December 31, 2003, more than two-fifths (43%) of the children in the sample had one or more changes in their placement. Since entering custody, two-thirds (66%) of these children have one or more placement changes, with 40 percent having had three or more different placements by the time of the case file review. There are of course legitimate reasons for changing children's placements, but all evidence suggests that there are almost always negative consequences from frequent placement changes in terms of children's well-being. Further, case file reviewers found evidence of services offered to prevent a placement disruption for only one third of the cases in which they judged these services were indicated. The *Path to Excellence* correctly identifies placement stability as a priority issue and includes strategies to better support caregivers and children and to improve decision-making on appropriate placements in an effort to address this problem.

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<sup>2</sup>The TAC will be issuing monitoring reports in February 2005 for the period ending December 31, 2004; in September, 2005 for the period from January 1 through June 30, 2005; and in February, 2006 for the period from July 1 through December 31, 2005. These reports will cover progress on Settlement Agreement outcomes and strategies on the *Path to Excellence* Implementation Plan.

***DCS must improve practice with respect to visiting between children in foster care and their parents and between children and their siblings when they are placed apart. (See Visits with Siblings, Family, and Workers, p. 23.)***

The majority of children in the sample in DCS custody (75%) were placed with some or all of their siblings, but when siblings were placed apart, DCS needs to do a better job at arranging/facilitating visits among siblings. Forty percent of the children with siblings also in custody were separated from at least one sibling; 44% of these children had no documented visits with all of their siblings during the nine-month review period and an additional 42% had less than monthly visits. Only 7 % of children had weekly or biweekly visits.

Equally troubling is that fact that children with a permanency goal of reunification were not consistently visiting with their parents (or primary caretaker). Thirteen percent of children with a goal of reunification had no documented visits with their parents in the nine-month review period and an additional 41% had less than monthly visits.

The lack of visits between children and their parents is underscored by several other findings of the review that highlight the need to improve agency practice across the board in engaging and working with parents. The first formal opportunity the agency has to engage parents occurs at the initial child and family team meeting, which by policy and pursuant to the Settlement Agreement is to occur within seven days of a child's entry into care. One of the purposes of this meeting is to establish a plan for visitation between the child and his or her parent and to identify and resolve any obstacles to visitation. Reviewers found documentation that a visitation schedule was discussed in only one-third of cases; identification of obstacles to visitation occurred in only 13% of cases.

A second formal opportunity to engage parents in planning for their children occurs at the initial Permanency Planning meeting, which by policy and in accordance with the Settlement Agreement occurs within 15 days of a child's entering foster care. However, in over half of the cases reviewed (53%), there was no notice of the meeting in the case file. There was documentation that those mothers and fathers whose whereabouts were known to the agency were notified in about forty percent of cases. A child/parent visitation schedule was actually arranged at this meeting in less than one-third of cases (28%) and when mothers and father failed to attend, there was little documentation of a diligent search to re-engage these parents.

- ***Much improvement is needed in performance on case manager contacts with children in placement although documentation lapses make it difficult to fully assess agency performance in this area. (See Visits with Siblings, Family and Workers, p. 23.)***

Case managers, both DCS and private agency, are expected to visit children in placement frequently, both to assess the safety and well-being of the child and the appropriateness of the placements and to make sure that the child's needs are fully identified and met. The *Brian A* Settlement Agreement has specific visitation standards for children with

minimum frequencies determined by the length of time in that placement. For children in the first eight weeks of a new placement, the minimum visitation standards were met for 37% of cases; however, for one-fifth (21%) of DCS managed cases and over half (53%) of private agency managed cases, the reviewers could not determine the level of worker contact due to the lack of documentation. Similar low levels of compliance and lack of documentation also was found for placements that lasted longer than eight weeks.

- ***Large numbers of children in DCS custody are receiving psychotropic medications, many without adequate legal consent.*** (See Services and Child Well-Being, p. 51)

One-quarter (25%) of children in DCS custody were administered a psychotropic medication in the period between April 1 and December 31, 2003. When this data is broken down by age of children, the percentage of teens taking psychotropic medications is even higher, at 40%. In addition, it appears that no adequate legal consent has been obtained for 33% of these children. DCS has recently adopted new policies governing the use of psychotropic medications for children in its care. These policies need consistent implementation and monitoring to make sure that children are not being inappropriately or excessively medicated. The TAC will be conducting a more intensive review of the use of psychotropic medications over the next several months to ensure that the concerns raised by this case file review are being effectively addressed.

- ***DCS procedures for identifying, tracking, and following up on maltreatment serious incidents need improvement.*** (See Maltreatment While in DCS Custody, p. 68.)

Based on our review of several different data sources, the TAC is concerned that reporting and follow-up on serious incident reports that reflect maltreatment of children in care is deficient. There is a significant discrepancy between data from case files on allegations of child maltreatment for children in care and information available from monthly serious incident reports compiled by DCS. In an attempt to look at this issue more closely, the TAC monitoring staff reviewed the case records of 31 children who were listed on the June 2004 Serious Incident Report. In two-thirds (65%) of the cases, there were no notations in the case record that corresponded to the serious incident report. In 9% of the case, the case records turned out to report additional incidents that were not on the Serious Incident Reports and in only 13% of cases, did all of the incidents correspond. These data suggest that DCS does not have a consistent and reliable way of identifying all serious incidents and tracking the necessary review and follow-up.

- ***There remains considerable confusion in policy and practice regarding the assignment of permanency goals and practice related to concurrent planning.*** (See Planning for Children, p. 34.)

Case file reviewers attempted to identify children's permanency goals and look at documentation in the record to assess the appropriateness of those goals. The review identified what appears to be confusion across DCS with respect to the assignment of

permanency goals and the practice related to achievement of permanency when there are concurrent goals. Almost half (45%) of children had two or more concurrent permanency goals. Further, documentation in case records suggests that in many cases, only one of the multiple goals was actually pursued in case practice. Additional work is needed to clearly define policy and to train workers on consistent policy and practice with respect to concurrent planning.

- ***Follow-up treatment is sometimes lacking for identified medical problems, and there is inadequate attention to dental care.*** (See Services and Child Well-Being, p. 51.)

For a significant minority of the children in DCS custody, documentation of adequate medical treatment and/or dental care was absent. According to the case file review, 30% of the children over the age of two in the case review sample had not received appropriate dental care. For 16% of children with identified medical problems, there was no documentation that the child had received the needed medical treatment for their problems.

- ***Children's workers change frequently.*** (See Case Transfer, p. 66.)

During the period of April 1 to December 31, 2003, almost one-third of the children in the sample had a change in worker. Eight percent of children had their case transferred more than once. Further, in many cases, reviewers could find no documentation of case transfer staffings or other efforts to insure that new workers understand the history and dynamics of a child's situation upon assuming case responsibility.

- ***There continue to be problems with the accuracy of data in TNKids.*** (See Case File Contents, p. 71.)

Comparisons of placement data between the TNKids placement section and the hard case file for the period of April 1 to December 31, 2003 indicated significant differences. For example, placement location information agreed in only 83% of the cases and placement entry and exit dates agreed in only 74% of cases.

- ***Continuum agency workers are not held to the same standards of accountability as DCS workers because provider agencies do not have access to the TNKids system.***

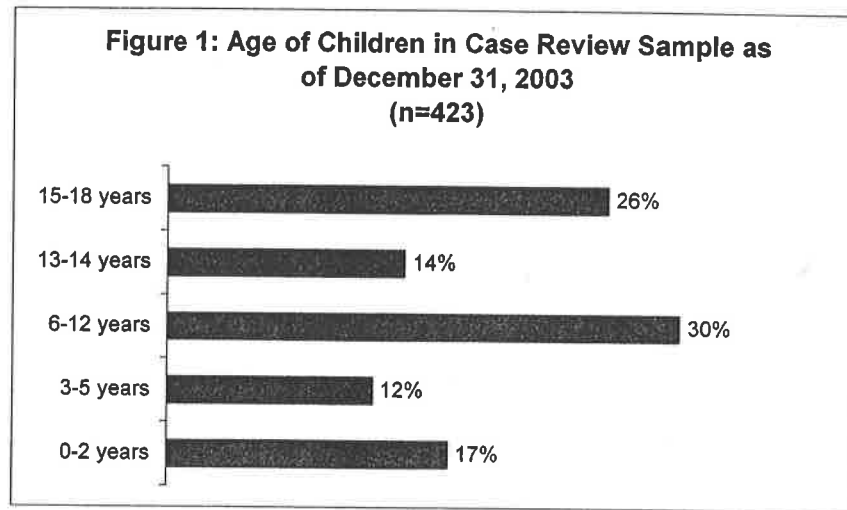
For children in placement with continuum contract providers, the private provider casemanager has many of the same responsibilities as the DCS casemanager has for children in DCS operated placements. However, because the private agency casemanager does not, under present DCS policy, have access to TNKids, the burden of accurate and timely entry of information regarding agency casemanager activity into TN Kids falls entirely on DCS staff. Given the number of children served by continuum providers, having DCS staff as an "intermediary" for purposes of entering this data not only necessarily creates delay and inefficiency in updating TN Kids but creates additional



opportunity for error and introduces ambiguity about who is accountable for any inaccuracies or omissions in the data regarding these children. Unless continuum providers are given the ability and responsibility for entering data into TN Kids and held accountable for keeping that information accurate and current, it is difficult to see how DCS is going to be able to ensure that TN Kids can be relied on for complete, accurate, and up-to-date information about children served under continuum contracts. We are concerned that, without such timely, complete, and accurate information, DCS will be unable to hold its contract providers accountable for their performance.

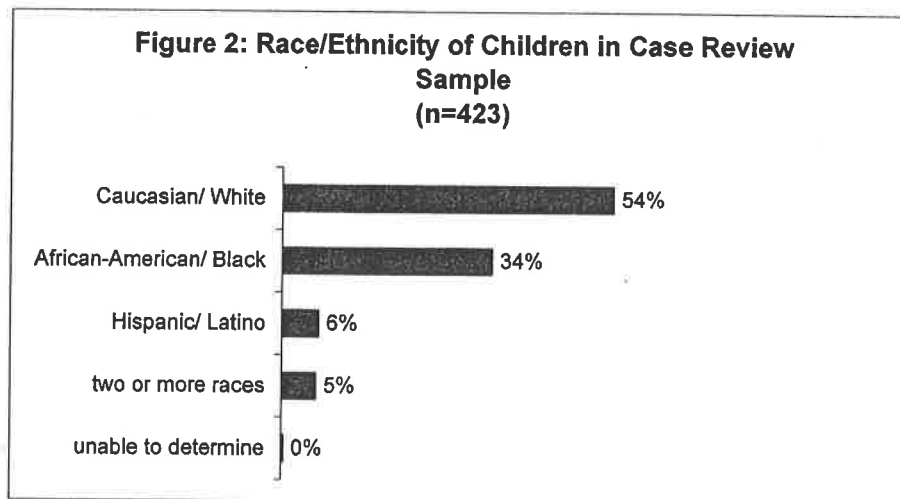
## Demographics of Case Review Sample

Figure 1 below displays the age distribution for children in the case review sample. The distribution is broken out according to key age groups related to services. Seventeen percent of children in the sample were infants and 40% of children in the sample were teenagers.



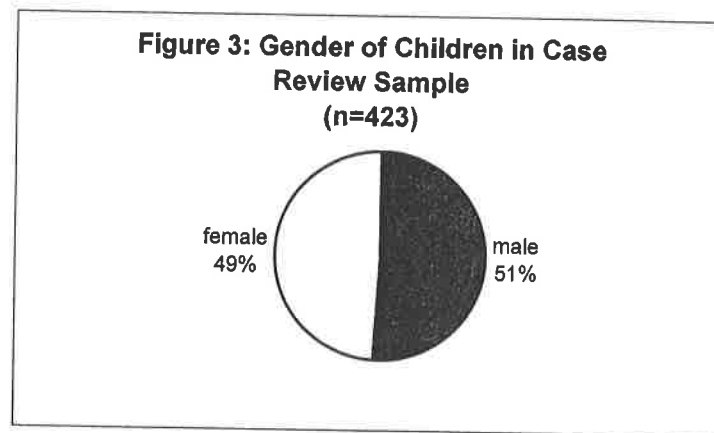
Source: Brian A. Case File Review, April 1 – December 31, 2003

The race/ethnicity of children in the case review sample is shown in Figure 2 below. Over half of the cases reviewed were of Caucasian children, and just over a third of the cases reviewed were of African-American children.



Source: Brian A. Case File Review, April 1 – December 31, 2003  
The reviewer was unable to determine the child's race in one case (0.2%).

The number of males and females in the case review sample was almost equal, with slightly fewer cases of females reviewed than males. (See Figure 3.)



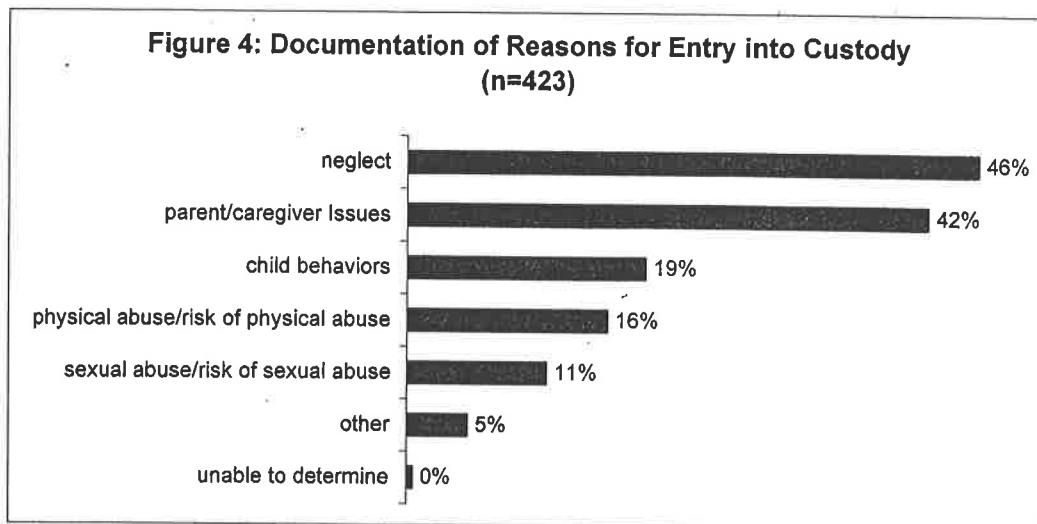
Source: *Brian A. Case File Review, April 1 – December 31, 2003*

## **Prior History for Entry into Care**

### **Reasons for Entry into Care**

Reviewers gathered data on the reasons for the children's entry into custody based on the documentation provided in the case file. In the figure below, the category of "Neglect" includes educational, environmental, medical, and nutritional neglect, as well as abandonment and lack of supervision. The category of "Parent/caregiver issues" encompasses a wide range of circumstances affecting a parent's ability to care for a child, including, but not limited to: substance abuse, incarceration, mental health or emotional problems, mental retardation, terminal illness or death, financial need, and inability to access services. Cases in which a minor parent in DCS custody signed a voluntary agreement to bring the child into custody are also included under this heading. The category of "Child behaviors" includes cases of children with substance abuse, truancy, or severe behavior problems, as well as children whose parent or caregiver requested removal due to the child's unruly behavior. Cases for which reviewers recorded reasons for entry not fitting neatly into any of the categories are grouped in the category of "Other."

Neglect and parent/caregiver issues, each cited in almost half of the cases reviewed, were the two most common reasons for entry. Although often believed to be major causes for entry into custody, physical abuse/risk of physical abuse was identified as a reason in only 16% of cases reviewed and sexual abuse/risk of sexual abuse was identified as a reason in only 11% of cases reviewed—slightly less frequently than child behaviors. However, findings about the children's reasons for entry are not conclusive because of the possibility that the documentation in the case files may have been incomplete. Lack of documentation may have been due to unknown information about the families' circumstances at the time of the removal or to omission in the case file of known information. Because more than one reason was often identified for each case, the data suggests that many of the reasons for entry may be interrelated, and that neglect and parent/caregiver issues are often at least one of the causes for a child's removal. (See Figure 4.)



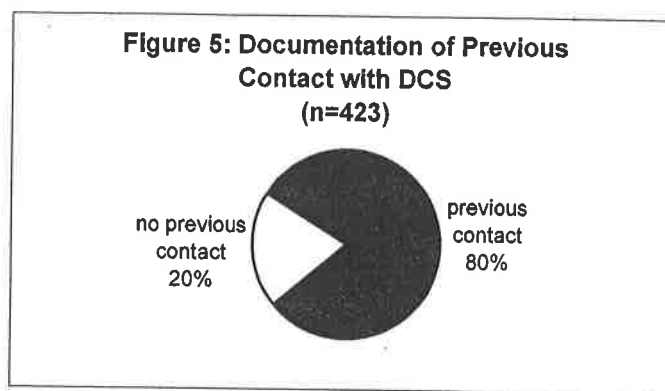
Source: *Brian A. Case File Review, April 1 – December 31, 2003*

Reviewers were unable to determine from case file documentation the reason for entry in two cases (0.5%). Also, because more than one reason for entry could be given for each case, percentages do not equal 100.

## Prior History

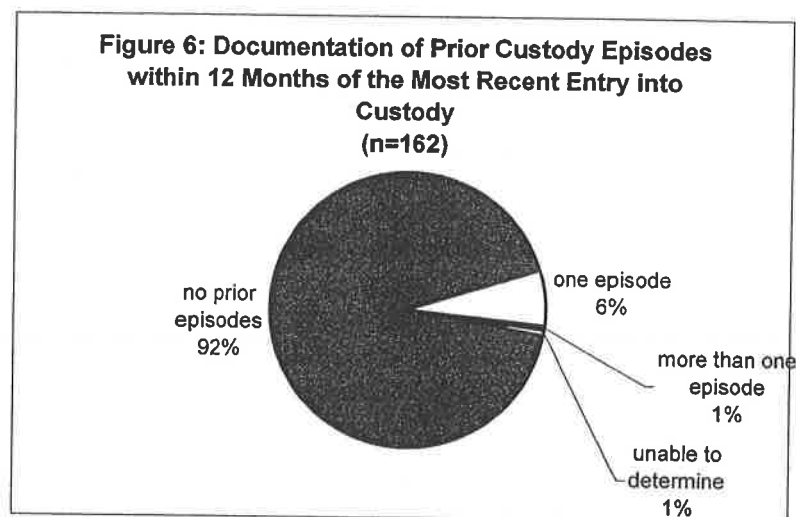
Reviewers also recorded whether the children or their families had had any contact with DCS or child welfare agencies in other states prior to the children's entry into custody. A child was considered to have had previous contact if the file documented one or more of the following: (1) that the child had previously been in custody; (2) that protective or prevention services, such as family support services through the Community Service Agencies (CSA) or safety plans, had been in place for the child or family; (3) that the child's family had a prior history with DCS; or (4) that the child or the child's family had a prior history with the equivalent agency in another state.

The case file documented that the child or family had contact with DCS prior to the child's entry into custody in 80% of the cases reviewed. (See Figure 5.) Aside from the observation that the majority of children coming into state custody come from family situations that have required prior interventions by a child welfare agency, it is not possible to say with certainty what other implications this data might have without any information about the nature and quality of the previous contact in relation to the needs of the child and/or family. A more in-depth exploration of this issue could be very useful.



Source: *Brian A. Case File Review, April 1 – December 31, 2003.*

Of the 162 files reviewed of children entering custody between April 1 and December 31, 2003, only 7% documented that the child had experienced one or more custody episodes within 12 months prior to their most recent entry into custody. (See Figure 6.)



Source: *Brian A. Case File Review, April 1 – December 31, 2003.*

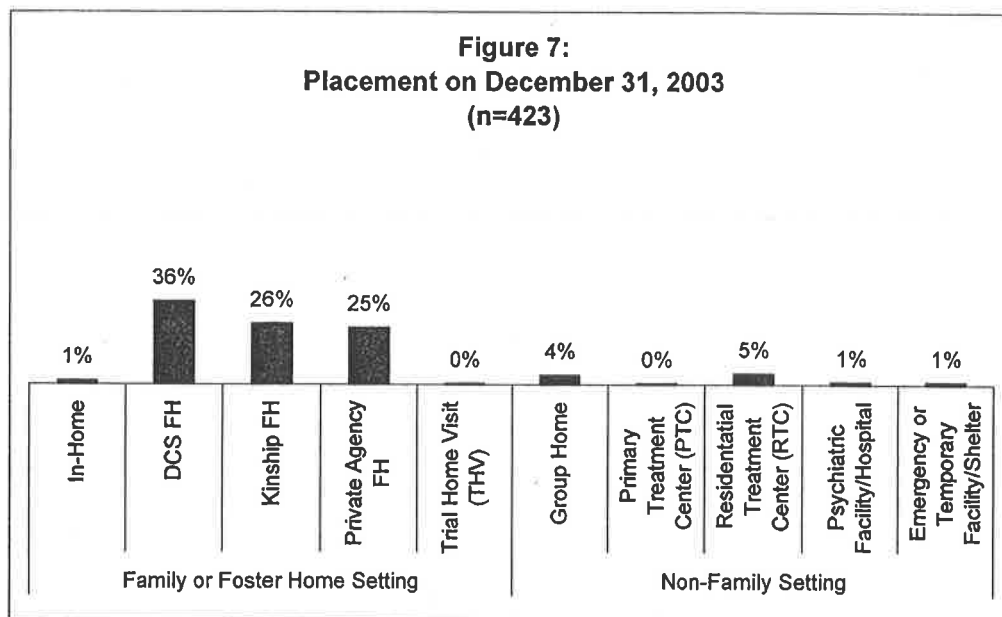
n includes only cases of children entering custody between April 1 and December 31, 2003.

## Placement

### Placement Types

Section VI.C.5 of the Settlement Agreement requires that all children be placed in accordance with their individual needs—with siblings, close to their home and community, and in the least restrictive placement possible.

During the 2004 case file review, reviewers captured placement information for the 423 children being reviewed. At the end of the nine-month review period being examined (April 1, 2003, through December 31, 2003), 376 (89%) of the children were in family or foster home settings, consistent with the Settlement Agreement principle of placing children in the least restrictive, most family-like setting possible. One of the principles of the Settlement Agreement (I.A.3.) speaks to placing children with relatives. It states that after entering custody, “all non-destructive family ties should be maintained and nurtured” and suggests that children should be placed with relatives that are able to provide a safe and nurturing home. One hundred twelve (112; 26%) of the 423 children reviewed were in kinship placements at the end of 2003.<sup>3</sup> (See Figure 7.)



Source: Brian A. Case File Review, April 1-December 31, 2003

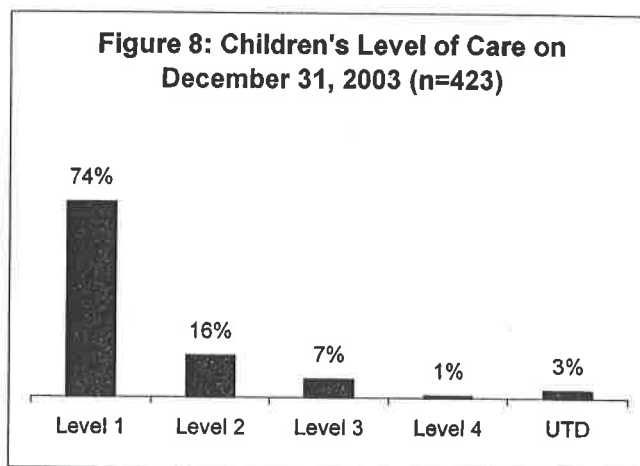
Although trial home visits (THV) are not considered placements by federal standards, THV is included in this chart as one child was on a THV the entire review period.

<sup>3</sup>There are two ways to measure placement data:

- (1) The proportion of children *in care on a given date* who are in each type of setting. This is the approach used in this case record review.
- (2) The proportion of children *entering care* who go to each type of setting during their custody episode.

A sample based on the second approach would most likely have shown higher rates of placement in shelters or other congregate settings, where lengths of stay are typically shorter than in home-based settings.

Almost three-quarters of the children reviewed were receiving Level 1 services according to documentation in the file, with the percentage of children receiving services at a level of care decreasing as the levels of care increase.<sup>4</sup> Reviewers were unable to find documentation regarding the child's level of care in 12 (3%) of the 423 cases reviewed. (See Figure 8.)



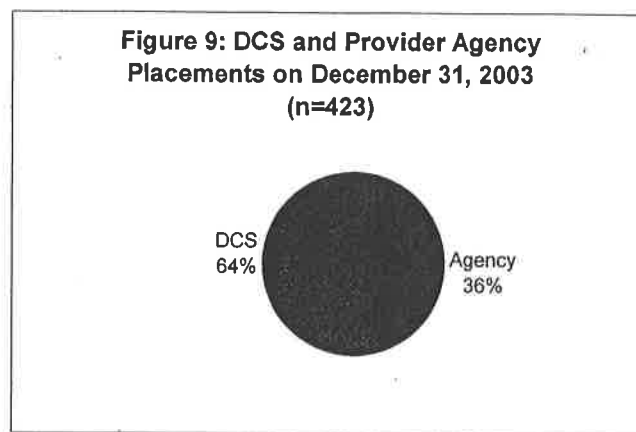
Source: Brian A. Case File Review, April 1-December 31, 2003

The majority of children reviewed were in DCS-managed placements as of December 31, 2003. (See Figure 9.) As of August 2003, 79% of children needing Level 2 services and 90.6% of children needing Level 3 services were being served by continuum agencies.<sup>5</sup>

<sup>4</sup> Level 1 services are provided in regular DCS foster homes and are appropriate for children who do not require constant supervision or who require a minimum of additional services to maintain them in a family setting. Level 2 services are appropriate for children who require more supervision than those in Level 1 placements (e.g., children with special medical needs, psychological needs, and chronic unruly behavior) but who can be served successfully in a family setting with additional supports or need temporary residential services. Level 3 services are appropriate for children with significant disruptive behaviors, who are at moderate to serious risk of harm to themselves or the community, or who may require specialized services that may only be provided by a 24-hour residential placement or wrap-around services. Level 4 services are hospital-based for children who need highly structured, therapeutically intensive services provided within a secure environment. (Source: *Participant's Manual: DCS Preservice Training*.)

<sup>5</sup> Source: TAC Report on Continuum Contracts, August 18, 2003.



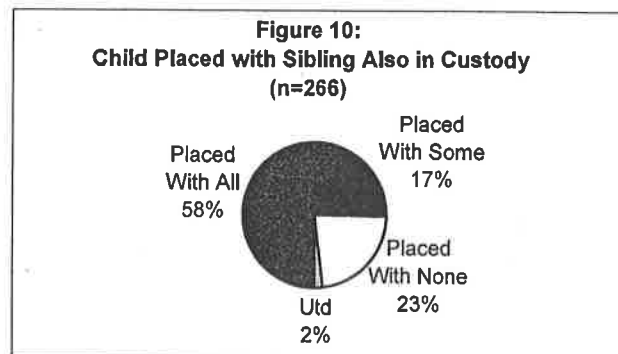


Source: *Brian A. Case File Review, April 1-December 31, 2003*

### Sibling Placement

The *Brian A. Settlement Agreement* stipulates requirements and outcome measures concerning placement with the objective that immediate efforts be made to locate or recruit a relative or foster family who can provide a stable and nurturing home for sibling groups who enter custody near or at the same time. Section VI.A.6 states, “siblings should be placed together, unless doing so causes harm to one or more of the siblings, one of the siblings has such exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes placement impractical notwithstanding diligent efforts to place the group together.”

The protocol collected information on the number of children with siblings in DCS custody and whether or not these children were placed with their siblings as of December 31, 2003. Two hundred sixty-six (266, 63%) of the 423 class members reviewed had a sibling(s) also in DCS custody. Of those 266 cases, 155 (58%) documented placements with all siblings also in custody. Reviewers were unable to determine in five (2%) cases whether or not the child was placed with any siblings also in DCS custody. The remaining 106 (40%) cases documented placements with only some of the siblings or with none of the siblings in DCS custody. (See Figure 10.)



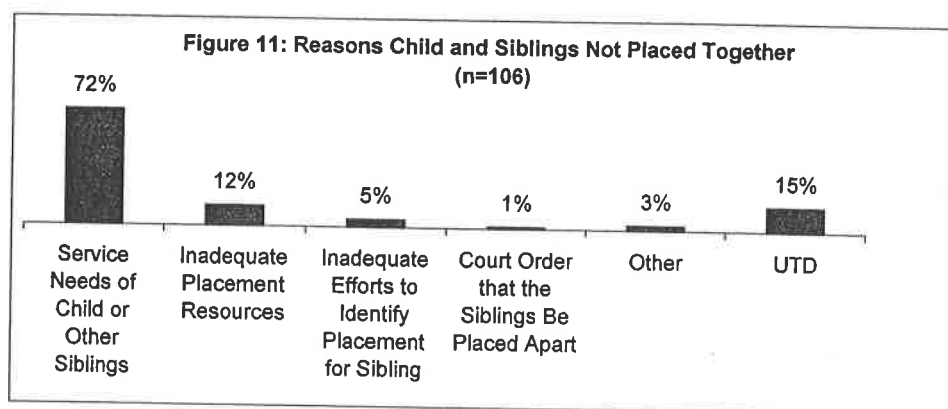
Source: *Brian A. Case File Review, April 1-December 31, 2003*

n excludes cases in which the child did not have any siblings in DCS custody as well as cases for which reviewers were unable to determine from case file documentation whether or not the child had any siblings also in custody.

In cases where sibling groups have to be separated, it is the responsibility of DCS to make continuous efforts to locate or recruit a relative or foster family where siblings can be reunited. According to the Settlement Agreement, all efforts to place siblings together and/or the separation of siblings should be documented and maintained in the case file (VI.C.6).

In the cases where children were not placed with all siblings between April 1, 2003 and December 31, 2003, the protocol also gathered information on whether sibling separation was appropriate according to the standards of the Settlement Agreement. The protocol allowed reviewers to indicate several reasons for sibling separation in each case. For 76 of the 106 cases (72%) in which the child was not placed with all siblings also in custody, reviewers indicated the service needs of the child or other siblings as a reason for separation. For 71 of those children, service needs were the only reason for separation; in the remaining five cases, reviewers indicated the service needs of the child or other siblings as one of multiple reasons. Reviewers considered documentation regarding the child's emotional, physical, medical, and behavioral needs, and the caretaker's ability to provide care when determining the service needs of the child or other sibling(s). (See Figure 11.)

Reviewers indicated "inadequate placement resources" as the reason for separation of siblings in cases in which the case file documented that placements available to DCS did not have adequate capacity for all siblings or were not willing to take the entire sibling group. Separation due to "service needs of the child or a sibling" encompassed those cases in which one sibling needed a higher level of care than the other(s). During the analysis, it became clear that no distinction had been made between cases in which the higher level of care could only be provided in a different placement and cases in which it may have been possible to provide the needed services without moving the child. Therefore, both such cases were included in the "service needs" category. For the purpose of this analysis, types of cases in which siblings were harming one another (for example, sexually) were also included in the category of "service needs of child or other siblings."

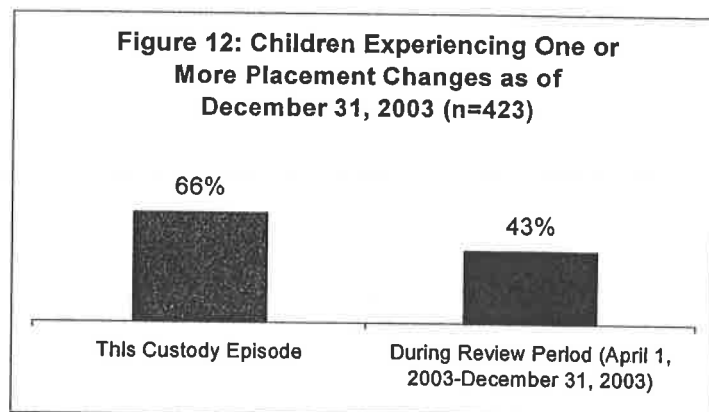


Source: Brian A. Case File Review, April 1-December 31, 2003  
n equals the number of cases in which a child was not placed with all siblings. Because more than one reason could have been given for sibling separation, percentages do not equal 100%.

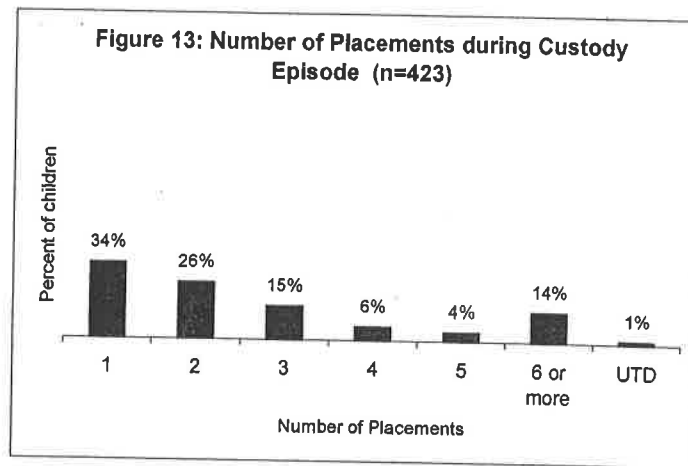
## Placement Changes

The outcome measures from Settlement Agreement section XVI.A.3. require that by the end of Period I, at least 60% of children in care will have had two or fewer placements and that by the end of Period II, that percentage will increase to 75% of children in care. These assessments of placements are to exclude those made prior to September 1, 2001. Because of the methodology used in collecting data, however, it is not possible to make a determination regarding compliance with this outcome measure from the case review data. Reviewers did track the number of children who had placement changes during the period being reviewed (April 1, 2003-December 31, 2003), as well as the number who had placement changes during their entire custody period.

Although the reviewers also collected information on the number of placement changes children had during their custody episode, a number of the children's placements began prior to the Settlement Agreement. The information collected shows DCS remains far from achieving the desired outcomes, but because many of these placements were made prior to September 1, 2001, the information, while troubling when considering the children affected, may not present an accurate view of more recent practice. (See Figures 12 and 13.) In subsequent reports, when monitoring placement changes, the TAC will look at cohort data, which will provide more accurate information about those changes

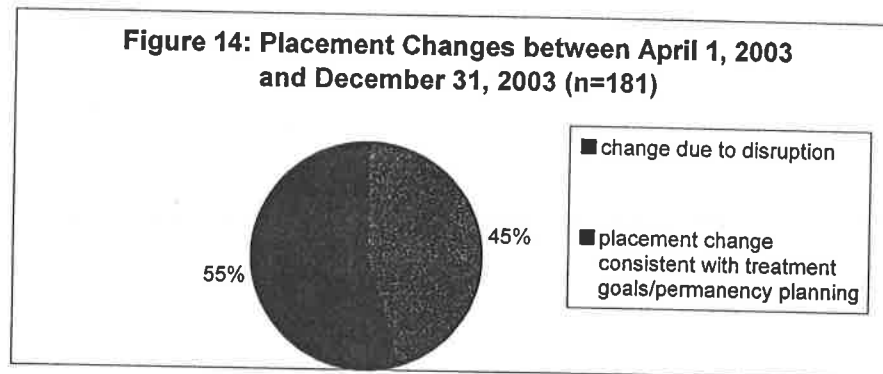


Source: Brian A. Case File Review, April 1-December 31, 2003



Source: *Brian A. Case File Review, April 1-December 31, 2003*

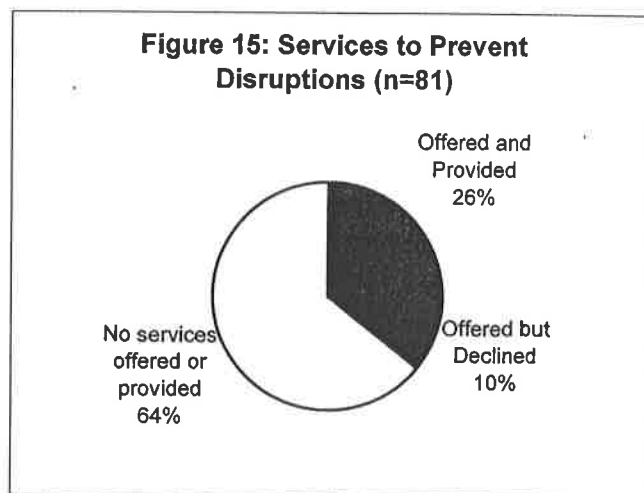
Reviewers judged that 99 (55%) of the 181 children who changed placements between April 1, 2003 and December 31, 2003, did so in accordance with treatment goals or permanency planning. (See Figure 14.) For those children whose placements disrupted for other reasons, reviewers looked for documentation of services offered to try to prevent the disruption and stabilize the placement.



Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 n includes those children who changed placements during the review period of April 1, 2003-December 31, 2003 but omits three cases due to reviewer omission.

There were 81 cases in which DCS would have been expected to provide services in order to prevent a placement disruption for the child. Of these, services were offered in only 29 (36%) cases. (See Figure 15.) If the file indicated that services were provided to try to prevent placement disruption, the case review protocol collected information on the type of service(s) provided. The options offered to reviewers included respite, alcohol and drug counseling/treatment, child and family counseling, transportation, childcare, and in-home services (such as a homemaker, aide, etc.). Because the protocol did not gather information regarding which services might be appropriate in each case, it is not possible to draw conclusions based on service-specific totals from the case file review. That is, for example, although respite was provided in 14 cases, it is not possible to determine from the information gathered whether this number is over- or under-representative of cases in which it might be expected. Although the protocol did not collect information

about the specific person to whom the services were offered, reviewers generally found that when services were offered, they were offered to foster parents, and the foster parents made the final decision to accept or refuse services. This was true whether the offer was to provide services directly to the foster parent (e.g., respite, specialized training) or to the child (e.g., counseling, anger management classes).



Source: Brian A. Case File Review, April 1-December 31, 2003  
n includes those children whose placement change was not in accordance with treatment goals or permanency planning.

### Foster Home Capacity Exceptions

Settlement Agreement section VI.C.7. discusses three different capacity limitations for foster homes used by DCS: no more than three foster children in a home; no more than six total children in a home (including birth or adopted children); and no more than three children under the age of three. The Settlement Agreement allows no more than 10% of all placements made annually in each grand region to be in exception of these standards. Exceptions are only to be made in the best interests of the child. An additional exception—outside of the 10%—is for homes in which a single sibling group accounts for all of the children in a home.

Over the past year, DCS has been working to develop a web application that will automatically produce reports to, among other things, determine the number of children placed in violation of capacity limitations. There has been some difficulty getting the reports into a format that will allow access to this information, but recent changes to the application now allow the production of these reports. However, because there are still changes to be made in reporting form, it is not currently possible to confirm that all of the applicable homes are being pulled from the data set for each of the capacity exception reports. Until further reporting changes are instituted, this office will work under the assumption that the reports accurately reflect those homes in violation.

An additional problem remains in data entry recording whether one sibling group accounts for all of the children in the home. Available data suggests that this question is being answered incorrectly by field workers in a significant number of cases and those homes in which one sibling group accounts for all of the children in the home have not been excluded from the data in the charts below. When it is possible to accurately determine the number of these homes, they will be excluded from those homes considered in violation of the limitations.

Statewide, 1,429 children in 332 foster homes were placed in homes exceeding Settlement Agreement limitations as of July 2004. These numbers represent 20% of the 6,088 children in custody and 6% of the 5,462 approved homes. In the absence of reliable data on sibling groups that account for all children in a home, however, it is not possible to be certain of the actual number of homes with children exceeding Settlement Agreement limitations. The numbers and percentages presented in the following tables are likely somewhat overstated due to the inability to identify homes with such sibling groups.<sup>6</sup> (See Tables 1, 2, 3, 4.) The most frequent types of exceptions to the placement restrictions detailed in the Settlement Agreement were “more than three foster children in a home” and “more than six total children in a home.” There were only seven foster homes statewide with more than three children under the age of three.

**Table 1: Foster Homes Exceeding Settlement Agreement Limitations and Foster Children Placed in Those Homes as of July 2004**

	Total Foster Children in Region	Total Foster Children Placed in Exception	Percent	Total Approved Homes in Region	Total Foster Homes in Exception	Percent
Davidson	619	129	20.84%	467	31	6.64%
East	827	127	15.36%	765	32	4.18%
Hamilton	407	65	15.97%	369	17	4.61%
Knox	395	47	11.90%	408	12	2.94%
Mid Cumberland	638	130	20.38%	545	32	5.87%
Northeast	641	111	17.32%	492	26	5.28%
Northwest	251	49	19.52%	207	11	5.31%
Shelby	1162	302	25.99%	740	66	8.92%
South Central	498	127	25.50%	296	29	9.80%
Southeast	446	120	26.91%	307	27	8.79%
Southwest	390	84	21.54%	308	19	6.17%
Upper Cumberland	621	119	19.16%	462	25	5.41%
Region Not Identified	93	19	20.43%	96	5	5.21%
Statewide	6988	1429	20.45%	5462	332	6.08%

Source: Foster Home Approval and Child Placement (FHACP), July 16, 2004

“Region Not Identified” data represents those homes for which no region was entered in the application.

<sup>6</sup> May 2003 data (the last set of data collected before the development of the FHACP) identified 48 homes statewide (out of 242 homes exceeding the placement limits set out in the Settlement Agreement) in which one sibling group accounted for all children in a home. It should be noted that information from the Shelby region was not included due to reporting problems.

Table 2: Foster Homes with More than 3 Foster Children as of July 2004

	Total Foster Children in Region	# of Foster Children in Homes with >3 Foster Children	Percent	Total Approved Homes in Region	# of Foster Homes with >3 Foster Children	Percent
Davidson	619	125	20.19%	467	28	6.00%
East	827	117	14.15%	765	27	3.53%
Hamilton	407	57	14.00%	369	13	3.52%
Knox	395	41	10.38%	408	10	2.45%
Mid Cumberland	638	125	19.59%	545	28	5.14%
Northeast	641	110	17.16%	492	25	5.08%
Northwest	251	46	18.33%	207	10	4.83%
Shelby	1162	296	25.47%	740	64	8.65%
South Central	498	126	25.30%	296	28	9.46%
Southeast	446	107	23.99%	307	24	7.82%
Southwest	390	84	21.54%	308	19	6.17%
Upper Cumberland	621	119	19.16%	462	24	5.19%
Region Not Identified	93	17	18.28%	96	4	4.17%
Statewide	6988	1370	19.61%	5462	304	5.57%

Source: Foster Home Approval and Child Placement (FHACP), July 16, 2004

"Region Not Identified" data represents those homes for which no region was entered in the application.

Table 3: Foster Homes with More than 6 Total Children as of July 2004

	Total Foster Children in Region	# of Foster Children in Homes with >6 Total Children	Percent	Total Approved Homes in Region	# of Foster Homes with >6 Total Children	Percent
Davidson	619	9	1.45%	467	4	0.86%
East	827	25	3.02%	765	7	0.92%
Hamilton	407	13	3.19%	369	5	1.36%
Knox	395	7	1.77%	408	2	0.49%
Mid Cumberland	638	33	5.17%	545	9	1.65%
Northeast	641	21	3.28%	492	6	1.22%
Northwest	251	24	9.56%	207	5	2.42%
Shelby	1162	41	3.53%	740	6	0.81%
South Central	498	22	4.42%	296	5	1.69%
Southeast	446	39	8.74%	307	8	2.61%
Southwest	390	21	5.38%	308	4	1.30%
Upper Cumberland	621	42	6.76%	462	8	1.73%
Region Not Identified	93	2	2.15%	96	1	1.04%
Statewide	6988	299	4.28%	5462	70	1.28%

Source: Foster Home Approval and Child Placement (FHACP), July 16, 2004

"Region Not Identified" data represents those homes for which no region was entered in the application.

Table 4: Foster Homes with More than 3 Foster Children and More than 6 Total Children as of July 2004						
	Total Foster Children in Region	# of Foster Children in Homes with >3 Foster Children and >6 Total Children	Percent	Total Approved Homes in Region	# of Foster Homes with >3 Foster Children and >6 Total Children	Percent
Davidson	619	5	0.81%	467	1	0.21%
East	827	18	2.18%	765	3	0.39%
Hamilton	407	5	1.23%	369	1	0.27%
Knox	395	4	1.01%	408	1	0.25%
Mid Cumberland	638	28	4.39%	545	5	0.92%
Northeast	641	20	3.12%	492	5	1.02%
Northwest	251	21	8.37%	207	4	1.93%
Shelby	1162	41	3.53%	740	6	0.81%
South Central	498	21	4.22%	296	4	1.35%
Southeast	446	29	6.50%	307	6	1.95%
Southwest	390	21	5.38%	308	4	1.30%
Upper Cumberland	621	42	6.76%	462	7	1.52%
Region Not Identified	93	0	0.00%	96	0	0.00%
Statewide	6988	255	3.65%	5462	47	0.86%

Source: Foster Home Approval and Child Placement (FHACP), July 16, 2004

"Region Not Identified" data represents those homes for which no region was entered in the application.

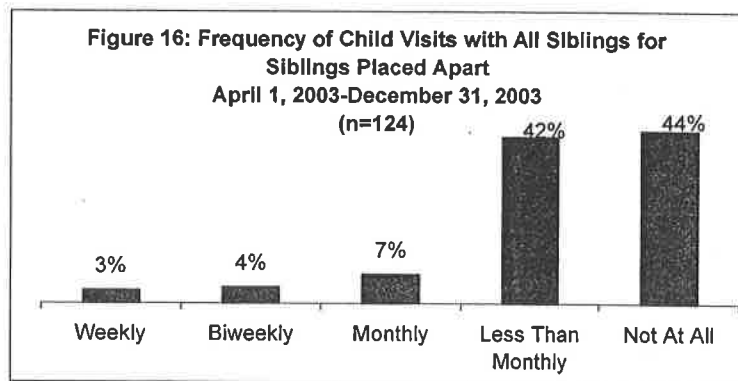


## Visits with Siblings, Family and Workers

### Sibling Visits for Siblings Placed Apart

The Settlement Agreement includes as an outcome measure the standard that by the end of Period I, 75% of the siblings placed apart will have face-to-face visits as frequently as necessary, when appropriate, but no less than once a month. Additionally, of the children not visiting at least once a month, 85% will visit at least once every two months. This standard does not apply in situations where there is a court order prohibiting visits or restricting the frequency of visits (XVI.B.2a and XVI.B.2b).

Of the 124 children with siblings in DCS custody with whom they were not living and with whom visits were appropriate, 18 (14%) had visits with all siblings in DCS custody (See Figure 16), and 33 (27%) had visits with some siblings at least once a month.<sup>7</sup>



Source: Brian A. Case File Review, April 1-December 31, 2003  
n equals the number of children for whom sibling visits were appropriate.

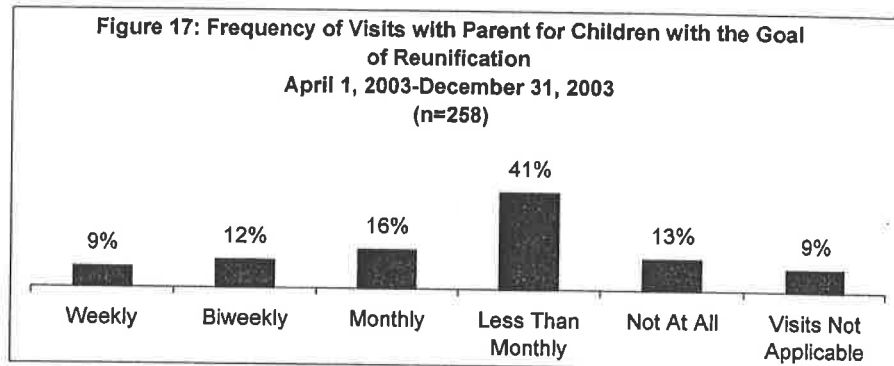
### Child-Parent Visits

For the children with a permanency goal of reunification, the Settlement Agreement states that a face-to-face visit should occur at least monthly or as required by the child's permanency plan with one or both parents and the child. This standard does not apply to situations where a court order prohibits or limits visits to less frequently than once every month. Outcome measures for Period I state that 20% of the children with the goal of reunification should visit with their parents no less than once every two weeks. At least 75% of the remaining children not visiting that frequently shall visit at least once per month. In the case where the child, generally an older adolescent, wishes to change

<sup>7</sup> The number of children for whom reviewers assessed sibling visits differs from numbers contained in the Sibling Placement section above because the information was captured for two different time periods. Placement information reflects the child's placement as of the end of period reviewed (December 31, 2003); reviewers looked at sibling visits for the entire period (April 1 – December 31, 2003).

visitation, the child's case manager may consider the wishes of the child and must document any deviation from usual visitation requirement in the case file (XVI.B.1.a.).

Of the 423 cases reviewed, 258 children had a permanency goal of reunification as of December 31, 2003. Twenty-one percent (21%) of these children had biweekly visits documented with their parent(s) and 16% had monthly visits with their parent.<sup>8</sup> Thus as of December 31, 2003, DCS was in compliance with the requirement for biweekly visits but was not ensuring at least monthly visits for the remainder of the children. (See Figure 17.)



Source: Brian A. Case File Review, April 1- December 31, 2003

Cases where visits were not applicable included children for whom placements were in-home, the whereabouts of the parents were unknown, the parental rights were terminated, parents were not willing to visit with the child, or the courts ordered no contact.

### Case Manager-Child Visits

Visits between the case manager and child assist in ensuring the stability and well-being of a child. Visits allow the case manager to assess how the child is adapting to his or her placement, to monitor safety issues, and to stay up-to-date on the various issues affecting the child on a regular basis. Visits at the child's placement are particularly valuable when assessing safety issues and allow the case manager an opportunity to interact with foster parents or facility staff. They allow for the early identification of problems stemming from the home or facility and keep the case manager apprised of needed services. Ensuring that the case manager and child have time for private conversation away from the caregiver further ensures the identification of problems and allows the child to talk openly with the case manager about any concerns.

Section VI.K. of the Settlement Agreement sets out requirements for case manager visits with the child. In a provider agency-managed case, expectations for agency case manager visits are the same as those for DCS case managers with children in DCS foster

<sup>8</sup>The term "parent" may include relatives or other primary caregivers from whom child was removed if reunification with that person was a goal.

homes.<sup>9</sup> The Settlement Agreement contemplates that the time immediately following removal from a home of origin or a movement from one placement to another is unsettling for the child and therefore requires more frequent contact between the case manager and child than that needed once a child has had a chance to settle into a placement. Sections VI.K.1. and 2. require that case managers visit a child six times during the first eight weeks in a new placement.

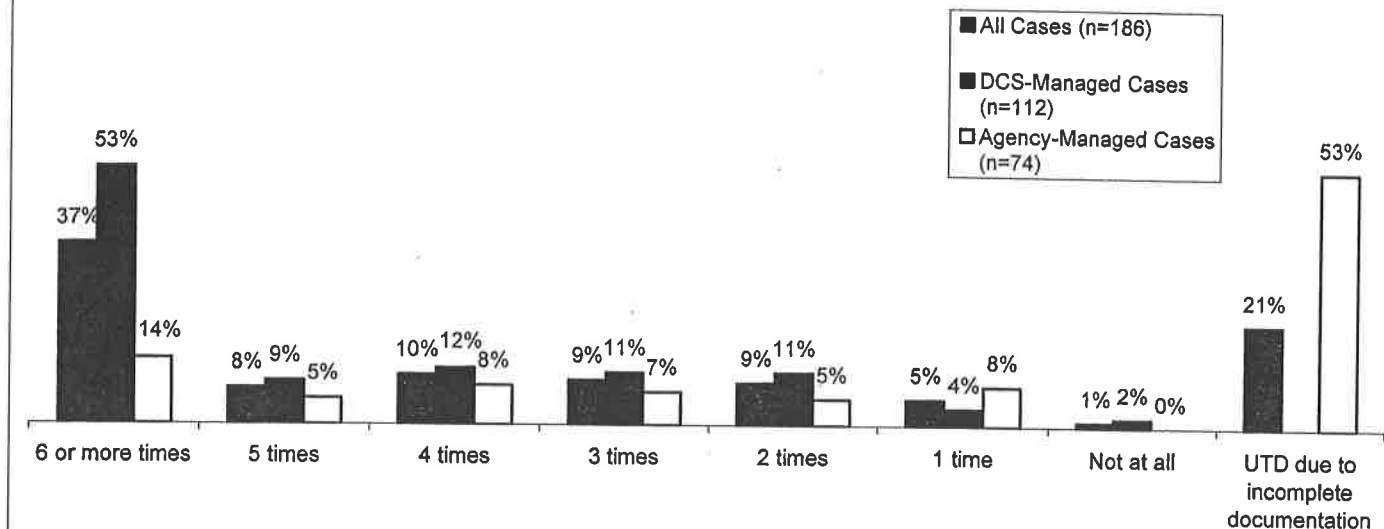
As Figure 18 below indicates, there was documentation by provider agency and DCS case managers of visits required by the Settlement Agreement in only 37% of the cases reviewed. In over half of the agency-managed cases, documentation of visits was incomplete or not present. Generally, missing data included all agency documentation, not just that related to visits. When documentation for a portion of the review period was present in the file, it often indicated visits in compliance with the Settlement Agreement (or more frequently). This suggests that visits may be occurring but are not documented in the file. For the purposes of our analyses, however, cases with missing data were considered non-compliant.

Of particular concern are those children who were visited less than twice during that first eight weeks in a new placement. In order to ensure the safety of the children, the Monitor's Office conducted a further review of children who received no visits or one visit during the nine-month review period (April 1-December 31, 2003) to determine whether the lack of visits continues or has been corrected since the end of the year. Of the 68 children reviewed, seven were receiving visits less than monthly in the period between January 2004 and July 2004. Because this review was conducted using only TNKids case recordings, it was possible only to assess DCS case manager visits. One of the seven children who was receiving visits less than monthly was in a provider-agency managed case, so reviewers were unable to determine the frequency of visits from agency case managers. The six DCS-managed cases were referred on to DCS for further follow-up.

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<sup>9</sup>Upper Cumberland was the first region reviewed during the 2004 case file review. While in Upper Cumberland, reviewers found a number of cases in which a child was placed in a provider agency-managed foster home or facility, but the DCS file contained no (or incomplete) documentation from the agency detailing agency caseworker contacts with the child or family. As a result, the protocol was changed in subsequent regions to offer an option for reviewers to indicate that documentation was not in the file. Because this option was not available to reviewers during the Upper Cumberland review, there is no way to distinguish those cases in Upper Cumberland in which no agency visits were made from those in which visits may have been made but were not documented. To avoid presenting inaccurate information regarding visits by agency workers, visit information for the Upper Cumberland region is provided only for visits performed by DCS case managers. For the remainder of the visits section, provider agency-managed cases from Upper Cumberland are included with those cases from other regions in which reviewers were unable to make a determination due to a lack of documentation.

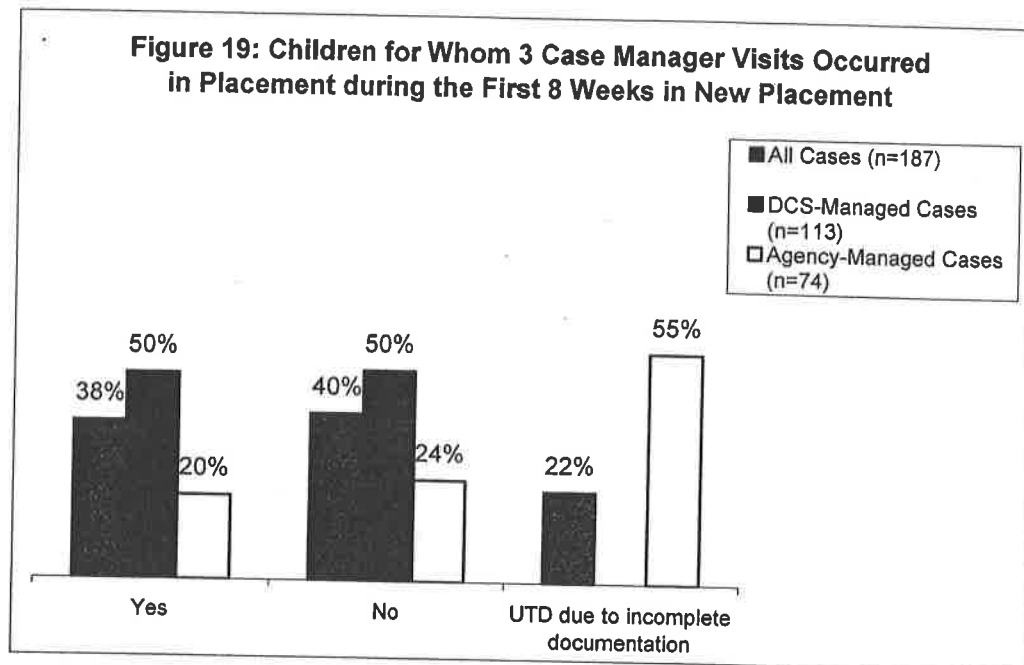
**Figure 18: Case Manager Visits during First 8 Weeks in New Placement between April 1, 2003 and December 31, 2003**



Source: Brian A. Case File Review, April 1-December 31, 2003

n for each group includes those children who entered a new placement during the review period and who were in that placement for at least eight weeks. Upper Cumberland agency-managed cases that meet those guidelines are included in the UTD category.

Settlement Agreement section VI.K. also stipulates that at least three of the visits during the first eight weeks a child is in a new placement should take place in that placement. This allows the case manager to observe the child in his or her current environment as well as to assess safety and other issues in the home or facility. There was documentation that these visits were occurring according to the stipulation in only 38% of cases. (See Figure 19.)

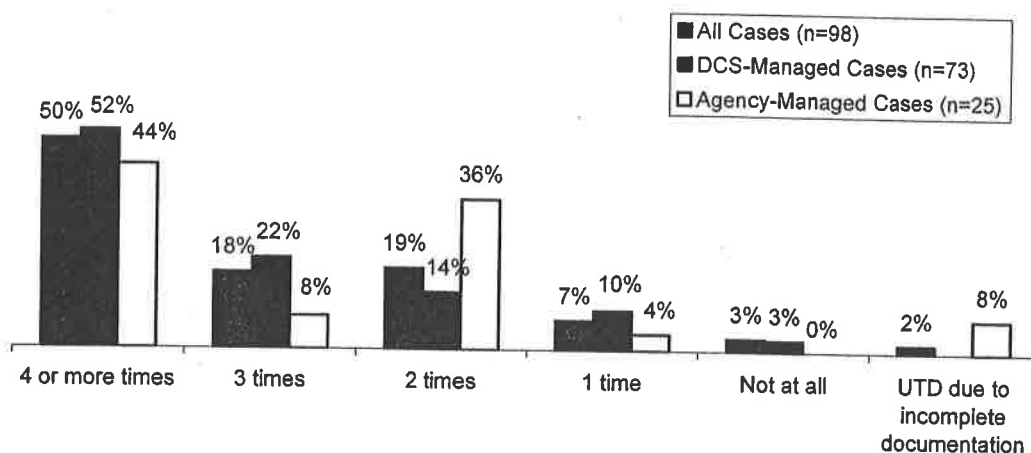


Source: Brian A. Case File Review, April 1-December 31, 2003

n for each group includes those children who entered a new placement during the review period and who were in that placement for at least eight weeks. Upper Cumberland agency-managed cases that meet those guidelines are included in the UTD category.

The Settlement Agreement requires less frequent visits—biweekly visits—once children have been in a placement for more than eight weeks. The data collected and shown in Figure 20 below indicates that case managers are better able to meet the less stringent Settlement Agreement requirements for the second eight weeks a child was in a placement. Once again, there was particular concern for those children receiving fewer than two visits during the second two months in a placement. The more in-depth review discussed above included these children, as well as children who received visits less than monthly after 20 weeks in a placement.

**Figure 20: Case Manager Visits during Second 8 Weeks in Placement between April 1, 2003 and December 31, 2003**

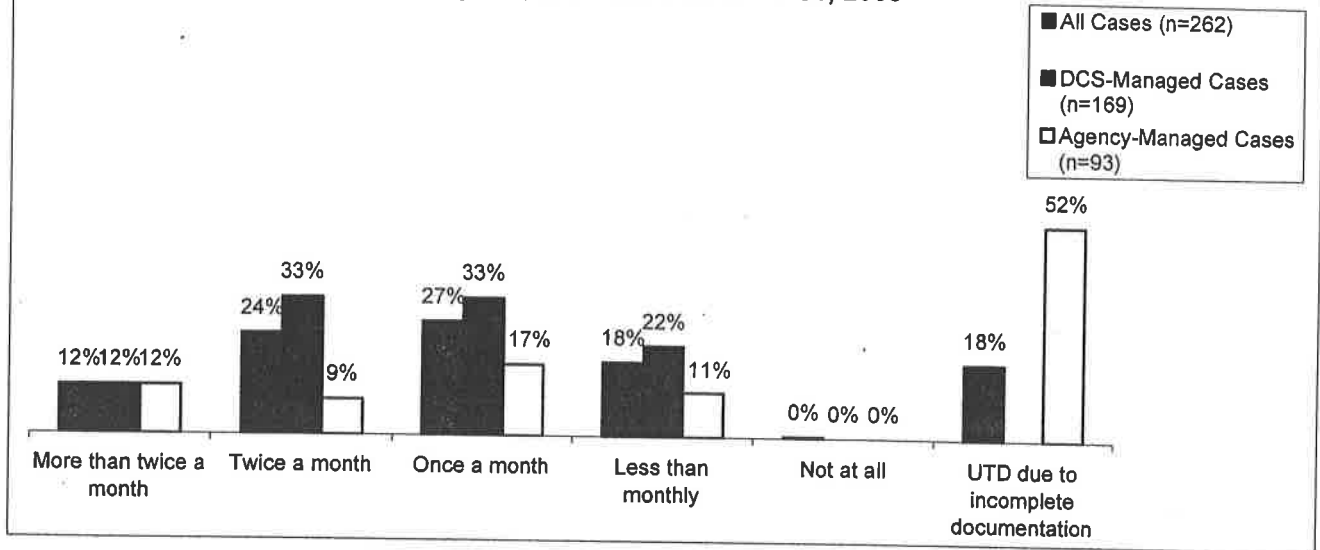


Source: Brian A. Case File Review, April 1-December 31, 2003

n includes those children who entered a new placement during the review period and children who were in a new placement for at least 16 weeks. Upper Cumberland agency-managed cases that meet those guidelines are included in the UTD category.

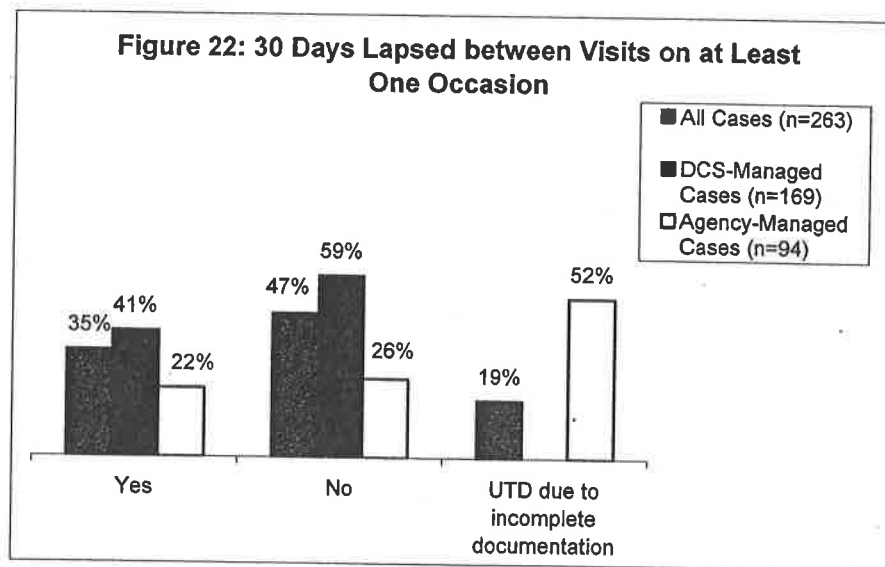
The Settlement Agreement requires that, after the first 16 weeks in a placement, children receive two visits monthly from their case managers. In order to accurately collect information for at least one month following the first 16 weeks in a placement, reviewers collected information on visits if the child was in a placement for at least 20 weeks. For children in agency-managed placements for at least 20 weeks, agency visit information was not present in the case files for over half of the children. Reviewers found that only 36% of all sample children requiring twice monthly visits were receiving them. (See Figure 21.) Again, however, the large number of agency-managed cases without documentation may account for an underestimation of the number of cases in which required visits are actually taking place.

**Figure 21: Case Manager Visits after 20 Weeks in Placement between April 1, 2003 and December 31, 2003**



Source: Brian A. Case File Review, April 1-December 31, 2003  
 n includes those children who were in a placement for at least 20 weeks as of December 31, 2003. Upper Cumberland agency-managed cases that meet those guidelines are included in the UTD category.

To determine whether or not case manager visits were occurring with some regularity rather than clumped together with long periods between visits, reviewers identified those cases in which more than 30 days passed between visits. (See Figure 22.) The missing agency documentation may again account for relatively high percentage of children who were receiving irregularly spaced visits.

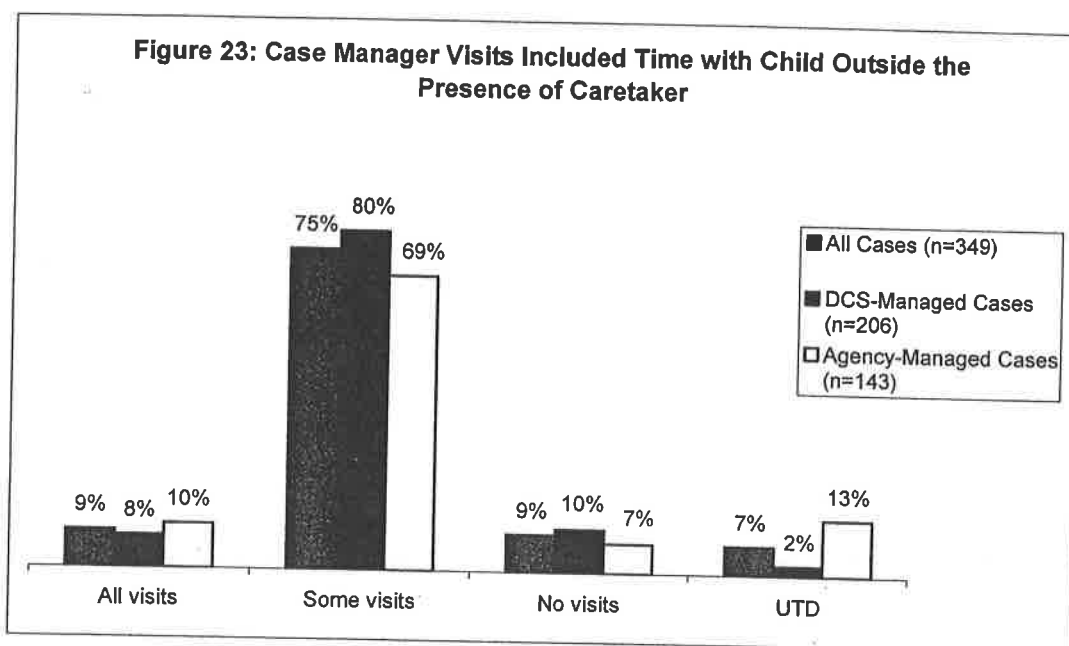


Source: Brian A. Case File Review, April 1-December 31, 2003  
 n includes those children who were in a placement for at least 20 weeks as of December 31, 2003. Upper Cumberland agency-managed cases that meet those guidelines are included in the UTD category.

An additional requirement of section VI.K. of the Settlement Agreement is that each case manager-child visit include a private meeting between the case manager and child outside

of the presence of the caretaker in order to provide an opportunity for open communication from the child. Children under the age of two are excluded from this visit practice.

The data collected during the review showed that a significant majority of case managers are documenting private time with the child during at least some of the visits, although very few documented such private time during every visit. (See Figure 23.) These findings may, however, represent a documentation problem rather than a case practice issue. Improved documentation of visits may reveal that the private visits are happening in accordance with the Settlement Agreement much more frequently.



Source: Brian A. Case File Review, April 1-December 31, 2003

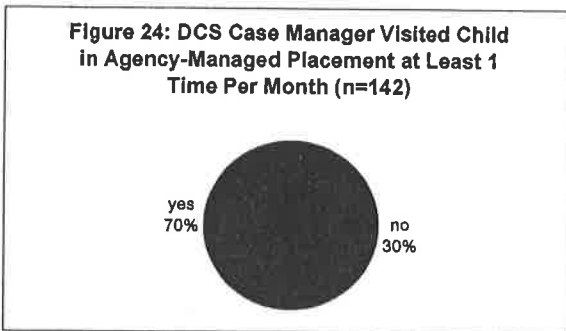
n excludes children two years and under as well as those children who required no visits during the review period.

Although the Settlement Agreement requires that agency case workers in agency-managed cases make visits with the same frequency as DCS case managers in DCS-managed cases, the Settlement Agreement (VI.K.2.b.) does include a few additional visiting requirements for children in agency-managed homes. These requirements include a monthly face-to-face visit between the DCS case manager and child at the agency-managed placement. An additional requirement is that the agency case manager accompany the DCS worker to that monthly visit at least one time every three months so that they are able to substantively discuss the case with each other, the foster parents/facility staff, and the child. For the purposes of the review conducted, reviewers determined whether or not monthly and quarterly visits were occurring but did not record whether or not the visits occurred in the child's placement.

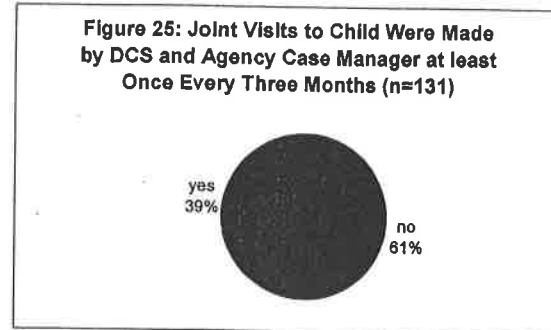
In more than half of the provider agency-managed cases, DCS case managers visited the child at least one time per month. (See Figure 24.) However, DCS and agency case managers were not quite as successful in conducting joint visits with the child.



Documented joint quarterly visits occurred in less than two-fifths of cases (39%). (See Figure 25.)



Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes all children in agency-managed placements.

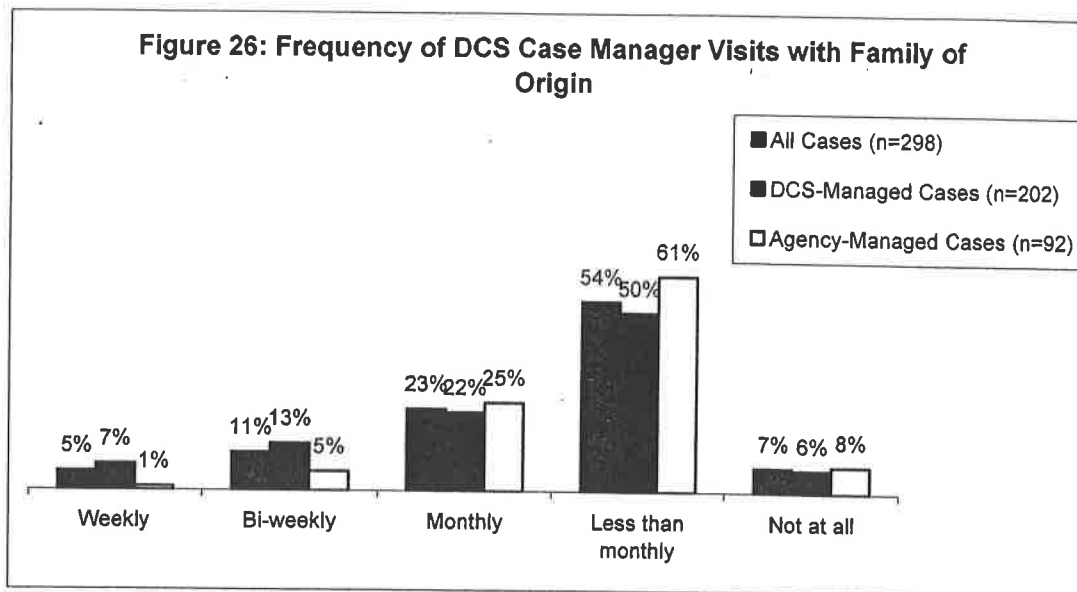


Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes all children in an agency-managed placement for at least three months.

### Case Manager-Family of Origin Visits

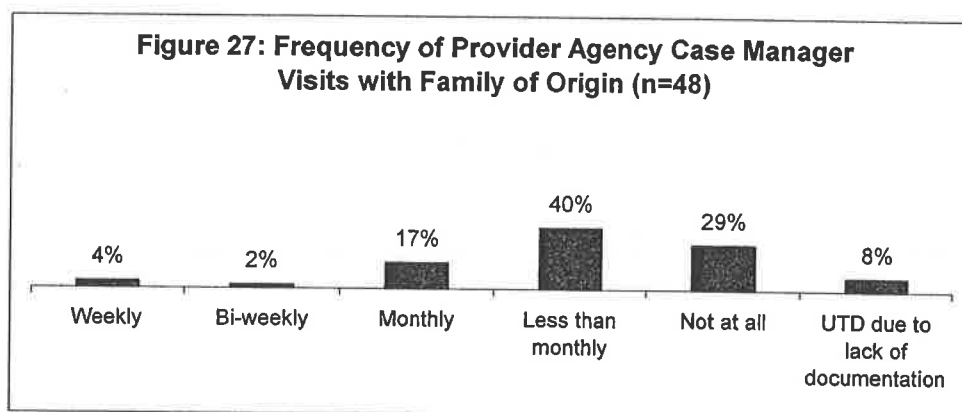
Although neither the Settlement Agreement nor DCS policy establishes specific requirements for case manager visits with parents, the review protocol was designed to capture the frequency of these visits in order to try to gauge system interaction with the children's families of origin.

Documentation of face-to-face contact between the family of origin and the DCS case manager showed such visits occurring less than monthly in 54% of cases (DCS- and provider agency-managed cases) and not at all in 7%. (See Figure 26.) Agency case manager visits with the family of origin occurred even less frequently, with less than monthly visits at 40% and 29% having no visits at all. (See Figure 27.) However, because there is no uniform way, across agencies, to document case activity, the numbers may once again be more reflective of documentation than of case practice.



Source: Brian A. Case File Review, April 1-December 31, 2003

n excludes those cases in which parental rights have been terminated or the family of origin is unwilling to have contact with the DCS case manager.

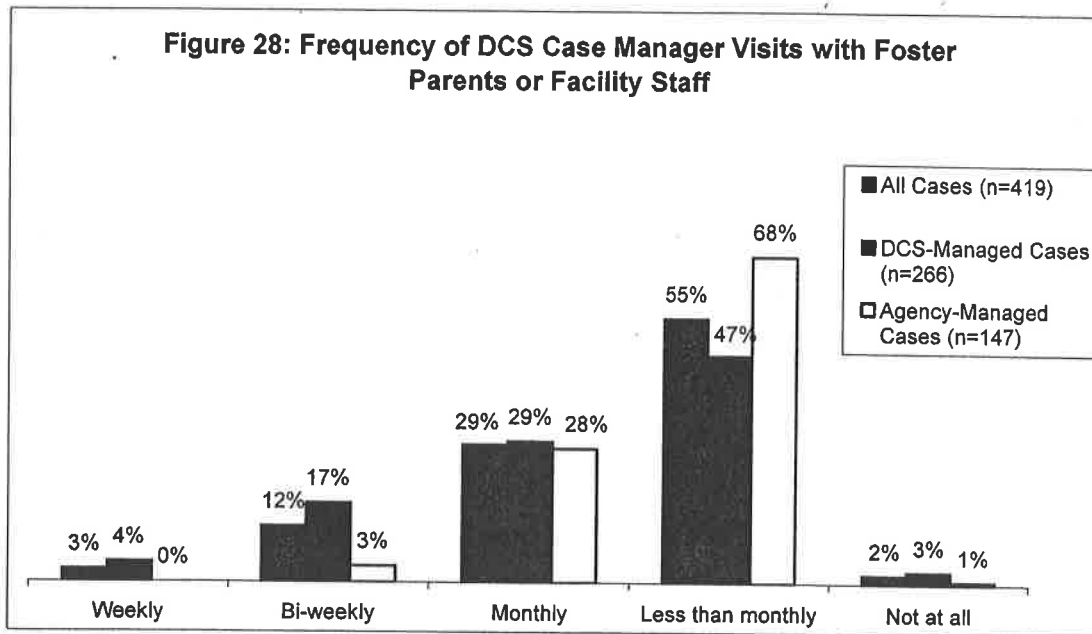


Source: Brian A. Case File Review, April 1-December 31, 2003

n excludes those cases in which parental rights have been terminated or the family of origin is unwilling to have contact with the agency case manager.

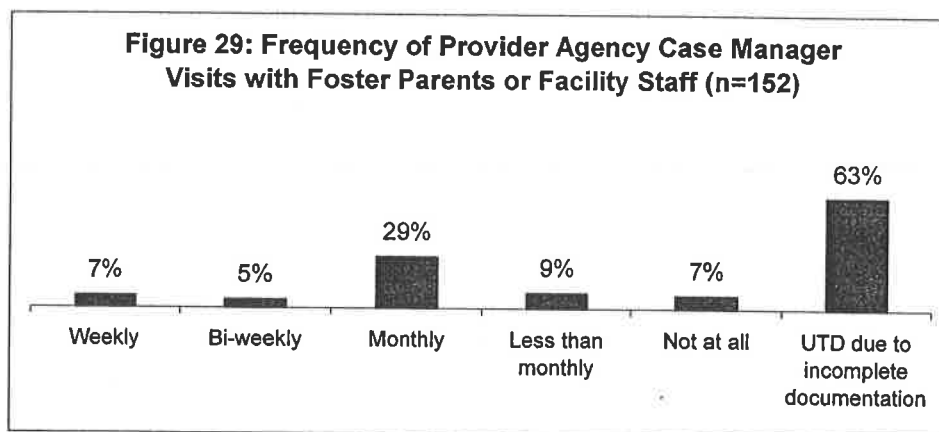
### Case Manager-Foster Parent/Facility Staff Visits

Although the Settlement Agreement does not specifically address visits between the case manager and foster parent or facility staff, the protocol gathered information regarding the frequency of such visits. Data from the case file review showed that in over half of the cases reviewed, DCS case managers were having such visits less than monthly or not at all. (See Figure 28.) Because of a lack of documentation in provider agency cases, it is difficult to determine the frequency with which provider agency case managers are making these visits. (See Figure 29.)



Source: *Brian A. Case File Review, April 1-December 31, 2003*

n excludes two cases of children on trial home visits for the bulk of their time in custody during the period reviewed (April 1-December 31, 2003) and one child placed out of state.



Source: *Brian A. Case File Review, April 1-December 31, 2003*

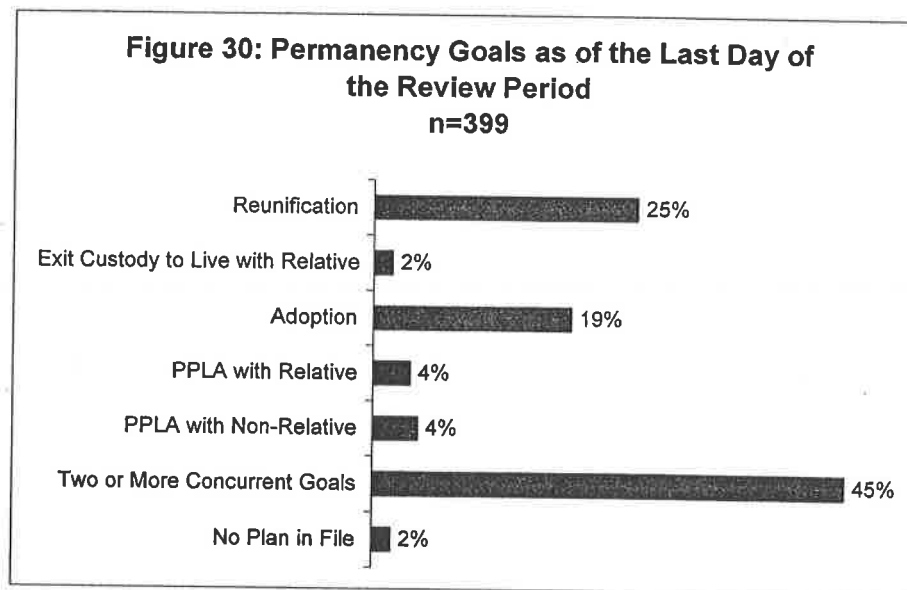
n excludes children placed out of state and two cases of reviewer omission.

## Planning for Children

### Permanency Goals

The *Brian A.* Settlement Agreement states that the DCS case manager and supervisor have the ongoing responsibility to ensure that the child's permanency goal is appropriate and to change it if it is not (VII.J).

During the case file review, reviewers recorded the permanency goals indicated on the most recent permanency plans in the children's files as of December 31, 2003. There was no permanency plan in the file in seven cases. Twenty-five percent of the children whose files were reviewed had a single permanency goal of reunification and 19% had a single goal of adoption. However, more children had concurrent goals than either of these single goals; in 45% of the applicable cases reviewed children had more than one goal. (See Figure 30.) Information about whether or not these goals were appropriate is not available because the protocol did not collect this information.



Source: *Brian A.* Case File Review, April 1 – December 31, 2003  
n excludes cases of children entering custody on November 13, 2003 or later (30 or fewer working days prior to the end of the review period). All combinations of concurrent goals are listed together in the chart since they are too varied to list separately.

There seems to be much confusion in general as to the appropriate use of concurrent planning. Reviewers observed during the case file review that in many cases only one of the concurrent goals on the permanency plan was reflected in case practice. In a few cases, none of the concurrent goals on the permanency plan were reflected in case practice. The discrepancies between the language of the Settlement Agreement, DCS Policy 16.41, the Practice Model, and comments from outside consultants related to concurrent planning are further evidence of this confusion.

Section VII.D of the Settlement Agreement states, “Children with an initial goal of return home may also have another concurrently planned permanency goal. Record keeping and tracking for any child in the class with more than one concurrently planned permanency goal shall be consistent with a goal of return home until such time that return home is no longer an option, at which time the other concurrently planned goal shall be the child’s sole permanency goal for all purposes.” It does not indicate that any work toward the concurrent goal needs to be done while the reunification goal is still a viable option. Also, as one of the Principles of the Settlement Agreement (I.A.10), collaboration with the child and family is very important to the Settlement Agreement’s vision of concurrent planning.

The DCS Practice Model (Standard 12-101) describes concurrent planning as “a method of case planning that works toward family reunification and at developing an alternate permanent plan simultaneously.” The Practice Model stipulates that case managers will use concurrent planning at the outset of a child’s entry into custody to expedite permanency. It describes successful concurrent planning as requiring “clear delineation of roles and responsibilities throughout the planning process, including the identification of the circumstances and the manner in which an alternate plan would be activated.” The Practice Model also provides a list of components needed for effective concurrent planning, most of which are centered around close collaboration between the case manager and the family, group decision-making involving Child and Family Team meetings, and appropriate and intensive service provision. The Practice Model’s vision of concurrent planning is similar to that of the Settlement Agreement—appropriate with reunification goals and requiring the determination of certain circumstances in which the alternate plan would become active.

Sarah Greenblatt, Director of the Casey Center for Effective Child Welfare Practice, expressed her ideas about appropriate concurrent planning to DCS in a memo entitled, “Concurrent Permanency Planning.” Ms. Greenblatt defines concurrent planning as “working toward reunification while at the same time establishing an alternative or back up plan” and “moving children from the uncertainty of foster care to the security of a safe and stable permanent family.” Ms. Greenblatt then identifies a list of components that make concurrent planning different from “sequential” permanency planning; these components include family group decision-making, in-depth collaboration and open communication between the family and case manager, and intensive case planning and service delivery. Ms. Greenblatt’s memo is similar to both the Settlement Agreement and the Practice Model in that it envisions concurrent planning in relation to reunification goals and only in the context of collaboration with the child and family throughout the planning process.

DCS policy about concurrent planning (16.41, revised May 1, 2003), on the other hand, reads a bit differently. It outlines two scenarios in which concurrent planning would be appropriate: when there is not a “clear, singular” goal that would reflect best practice and when it is questionable if reunification is a possibility due to the nature of the child’s abuse or neglect. It also requires the use of a concurrent goal of PPLA for children over age 15 with a goal of adoption who do not have an identified adoptive family. The policy

stipulates that interactions with children, families, and others involved in the case should “reflect efforts towards achieving each of the concurrent goals” and that all quarterly and Foster Care Review Board reviews should document the efforts being made to achieve permanency through each of the concurrent goals. This is a much different practice of concurrent planning than that described in any of the documents discussed above, mandating the use of concurrent planning with adoption goals in some circumstances and requiring that all case activity should reflect efforts toward achieving each of the goals.

The difference in the understanding of concurrent planning presented in these documents points to the need for the development of a uniform understanding of concurrent planning and the revision of any policies or other documents as needed to reflect this understanding.

### **Planning Meetings**

The *Brian A.* Settlement Agreement sets guidelines for minimum frequency of child and family team meetings that are focused on actions needed to achieve permanency as follows. The first of these meetings should occur no later than seven days after entry into custody for those children who enter as a result of abuse or neglect. All children should have an initial permanency plan child and family team meeting within 15 working days of custody to establish permanency goals and develop the permanency plan. This plan should be reviewed whenever needed, however, the Settlement Agreement states that the plan should be reviewed no less frequently than 6 months, 12 months, 15 months, 21 months, and 24 months after custody and every three months thereafter (VII.B, VII.C, VII.J).

Reviewers collected information regarding planning meetings that took place during the review period for those children for whom a child and family meeting would be expected to take place.<sup>10</sup> In some instances, the protocol was able to capture data about events not specified in the Settlement Agreement. This information is provided where applicable.

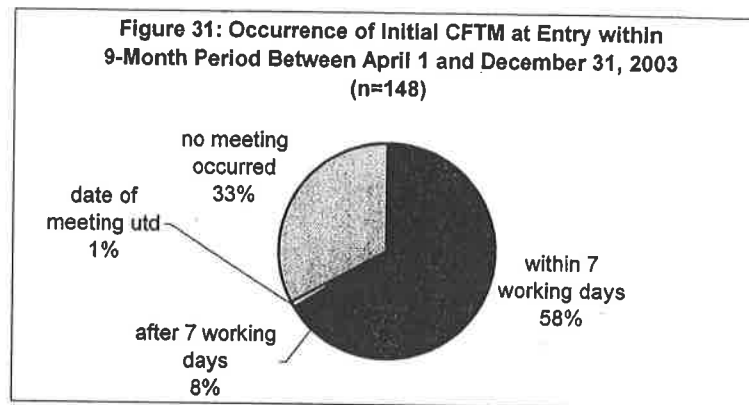
### **Initial Child and Family Team Meeting (7-Day Meeting)**

The *Brian A.* Settlement Agreement states that a meeting to initiate the planning process shall take place with the parents or caretakers of children entering custody due to substantiated abuse or neglect and the assigned DCS worker “as soon as possible...and within seven working days of the child entering state custody” (VII.B, VII.B.1). Of the 148 children expected to have an initial child and family team meeting between April 1 and December 31, 2003, 86 (58%) had a meeting within seven working days of their

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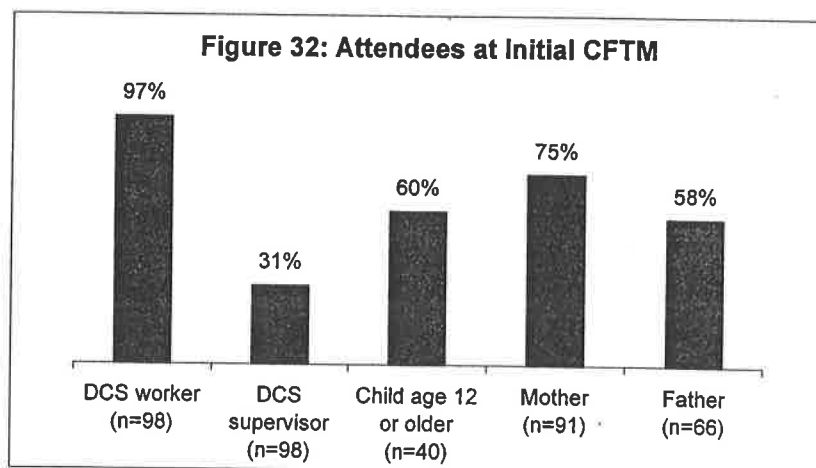
<sup>10</sup> Although for the purposes of this review these meetings are referred to as “child and family team meetings” (CFTMs), the questions regarding content of the meetings were based on the requirements of the Settlement Agreement for “7-Day” and “15-Day” meetings. It is not possible from this case file review to determine whether the meetings actually reflect the key quality characteristics of a child and family team meeting as it is envisioned by the DCS Practice Model and by DCS policy.

entry into custody. An additional 13 children had a meeting, but 12 meetings occurred later than seven working days after their entry into custody and the reviewer was unable to determine the date the remaining meeting occurred. (See Figure 31.)



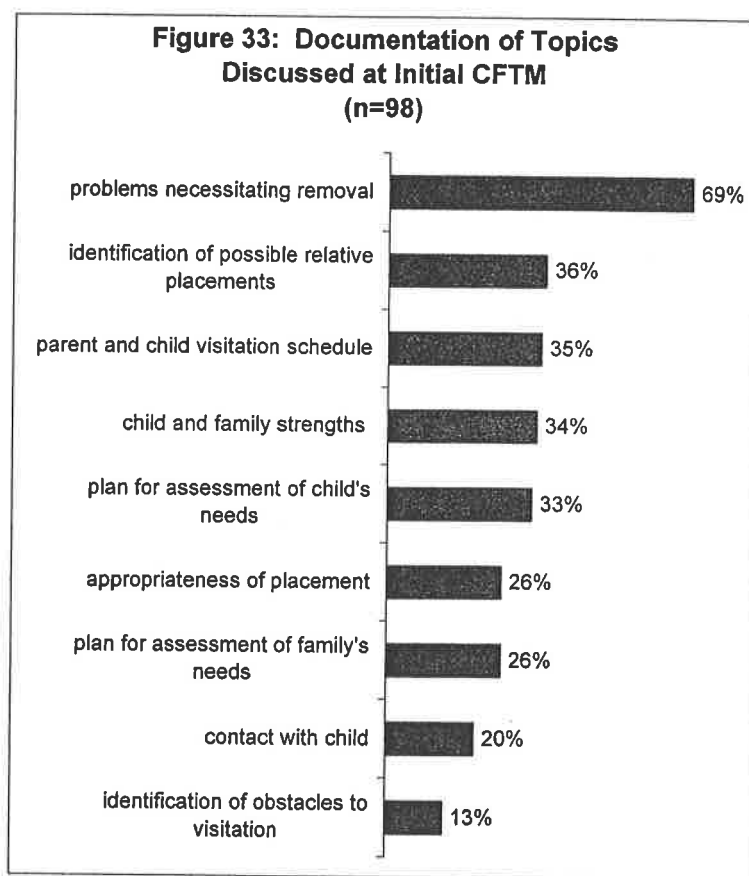
Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of children expected to have an initial child and family team meeting upon entry into custody due to abuse and neglect between April 1 and December 31, 2003.

Reviewers recorded information on who attended the 98 meetings in which it was possible to determine a date the meeting occurred. The DCS worker attended the meetings in 95 cases (97%), and the DCS supervisor attended in 30 cases (31%). In determining the percentage of parents who attended the meetings, only parents with known whereabouts at the time of the meeting were considered. There were 91 mothers with known whereabouts at the time of the meeting, and of the 91, 68 (75%) attended the meeting. There were 66 fathers with known whereabouts at the time of the meeting, and 38 fathers (58%) attended. Of the 40 children age 12 or older that had an initial child and family team meeting, 24 children (60%) attended. (See Figure 32.) In the remaining 16 children's files, no reasons were documented as to why it was contrary to their best interest to attend.



Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of meetings for which it would be expected that participant would attend.

The initial child and family team meeting is arranged to initiate the planning process, and the Settlement Agreement describes certain topics that are to be addressed in the meeting. Meeting attendees are “to discuss the problems that necessitated the child’s removal; to assess the appropriateness of the child’s placement based on the reasons for removal, contacts with the child, contacts with the foster home or other placement, and all other available information; to arrange an immediate visitation schedule between the child and the parents; to identify possible relative placements; to begin an assessment of the child’s and family’s needs; and to arrange for a schedule of contacts between the parents and the worker” (VII.B.2). The meeting is also expected to identify child and family strengths as well as potential obstacles to visitation (from DCS Policy 31.7). Figure 33 shows the percentage of meetings that occurred between April 1 and December 31, 2003 for which there is documentation that meeting attendees addressed essential topics.



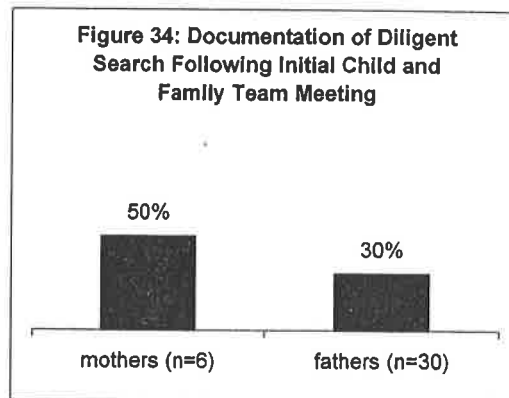
Source: Brian A. Case File Review, April 1 – December 31, 2003

n equals the number of initial meetings that occurred for which a date was able to be determined. Because more than one topic could be discussed at each meeting, percentages do not equal 100.

When parents do not appear for initial planning meetings and their whereabouts are unknown, DCS is to immediately institute a diligent search (Settlement Agreement, VII.B.3). The implementation of a diligent search was recorded for mothers and fathers whose whereabouts were unknown at the time of the initial child and family team meeting. DCS Policy 16.48 lists 10 activities to be conducted, as applicable, as part of a



diligent search. In this review, DCS was given credit for conducting a diligent search if there was documentation of at least some activity toward locating the parent.<sup>11</sup> Of the 98 children who had an initial meeting, six mothers' whereabouts were unknown at the time of the meeting. DCS implemented a diligent search for three of the mothers (50%). Thirty fathers' whereabouts were unknown at the time of the initial child and family team meeting, and DCS implemented a diligent search for nine of the fathers (30%), as shown in Figure 34.



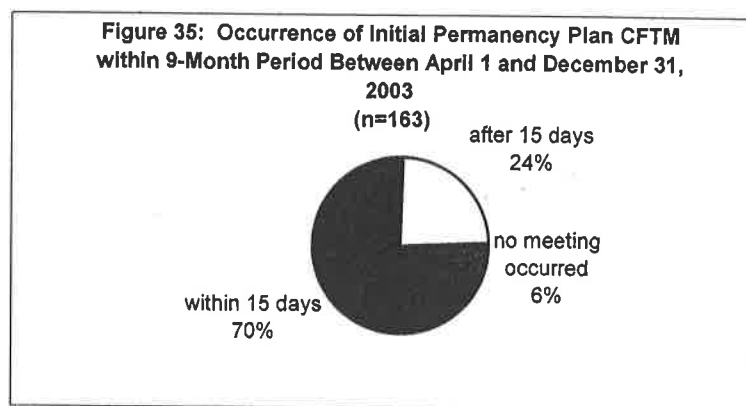
Source: Case File Review Data, April 1 – December 31, 2003

n equals the number of parents who did not attend the Initial Child and Family Team Meeting and whose whereabouts were unknown.

### **Initial Permanency Planning Child and Family Team Meeting (15-Day Meeting)**

The Settlement Agreement stipulates that a meeting to discuss and begin development of a permanency plan for a child must occur within 15 working days of the child's entry into custody (VII.C). Based on their dates of entry into custody, 163 children were expected to have an initial permanency plan child and family team meeting between April 1 and December 31, 2003. Of these, 114 (70%) of the children had an initial child and family team permanency planning meeting within 15 working days of their entry into custody. An additional 39 children (24%) had meetings but not within 15 working days of custody. Ten children (6%) did not have an initial permanency planning meeting. (See Figure 35.)

<sup>11</sup> Reviewers found that there was little documentation of activities that constitute diligent searches in the case files. Because reviewers were given little guidance regarding this policy as practically applied, the information collected reflects cases in which at least some activity toward locating the parent was completed. Activities reviewers might note as constituting a diligent search would include, but not be limited to, searches of utilities, armed forces, law enforcement, and other public records and contacting known family members to assist in locating the parent. According to DCS policy, these activities alone would not necessarily have constituted a comprehensive diligent search, however, case practice does not currently appear to reflect DCS policy. A follow-up review of cases in which there was no documentation of a diligent search for a missing parent; this review is described on page 46.

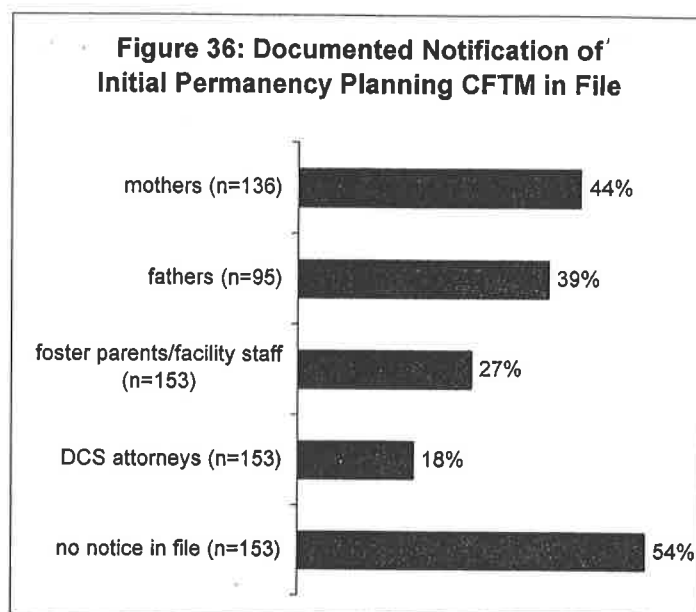


Source: Brian A. Case File Review, April 1 – December 31, 2003

n equals the number of children expected to have a permanency plan child and family team meeting between April 1 and December 31, 2003.

Reviewers also recorded whether the file contained documentation that notices at least seven days in advance of the meeting were provided to parents, foster parents or facility staff, and the DCS attorney. The protocol did not capture whether a GAL or CASA was involved with a case at the time of the meeting, so they were excluded from the analysis. Notification of parents applied only to those parents whose whereabouts were known to DCS at the time of the meeting and who had not had TPR granted against them. The case files contained documentation that 60 of the 136 mothers (44%) whose whereabouts were known were notified in a timely manner of the initial permanency planning meeting. The files contained documentation that 37 of the 95 fathers (39%) were notified in a timely manner. Out of the 153 meetings that occurred, documentation of notification was located for 42 foster parents or facility staff (27%) and 28 DCS attorneys (18%). There was no notice of staffing in the case file for any participants in 82 cases (54%). (See Figure 36.)<sup>12</sup>

<sup>12</sup>“No notice” also includes those cases in which the notice was sent less than seven days prior to a meeting, however, reviewers noted in the vast majority of cases that notices were absent from the file.

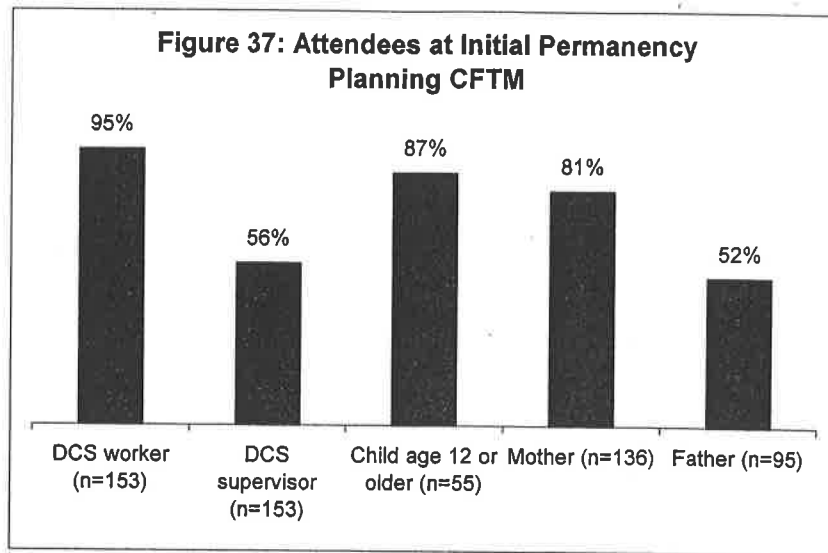


Source: *Brian A. Case File Review, April 1 – December 31, 2003*

n equals the number of cases for which documentation of a notice to that participant would be expected.

The Settlement Agreement identifies required attendees for the permanency plan child and family team meeting in section VII.C. Required attendees include the DCS worker and his or her team leader, the child if he or she is 12 years or older and no extraordinary circumstances exist that would make participation contrary to the best interest of the child, and the private agency worker if applicable. DCS workers attended 145 of the 153 meetings (95%) that occurred. The DCS supervisor attended 85 of the meetings (56%). There were 57 children age 12 or older who had an initial permanency planning child and family team meeting. Two of the children's files contained documentation that it would be contrary to their best interests to attend the meeting. Of the remaining 55 children, 48 (87%) attended. Foster parent and private agency worker attendance could not be determined because the protocol did not record placement information at specific case planning intervals. (See Figure 37.)

Section VII.C of the Settlement Agreement states that both biological and foster parents should be encouraged to attend the meeting. In addition to the participants listed above, reviewers captured information about parents' attendance at the initial child and family team meeting. There were 136 mothers whose whereabouts were known at the time of the meeting, and 110 (81%) attended the meeting. Of the 95 fathers with known whereabouts, 49 (52%) attended the meeting. (See Figure 37.)

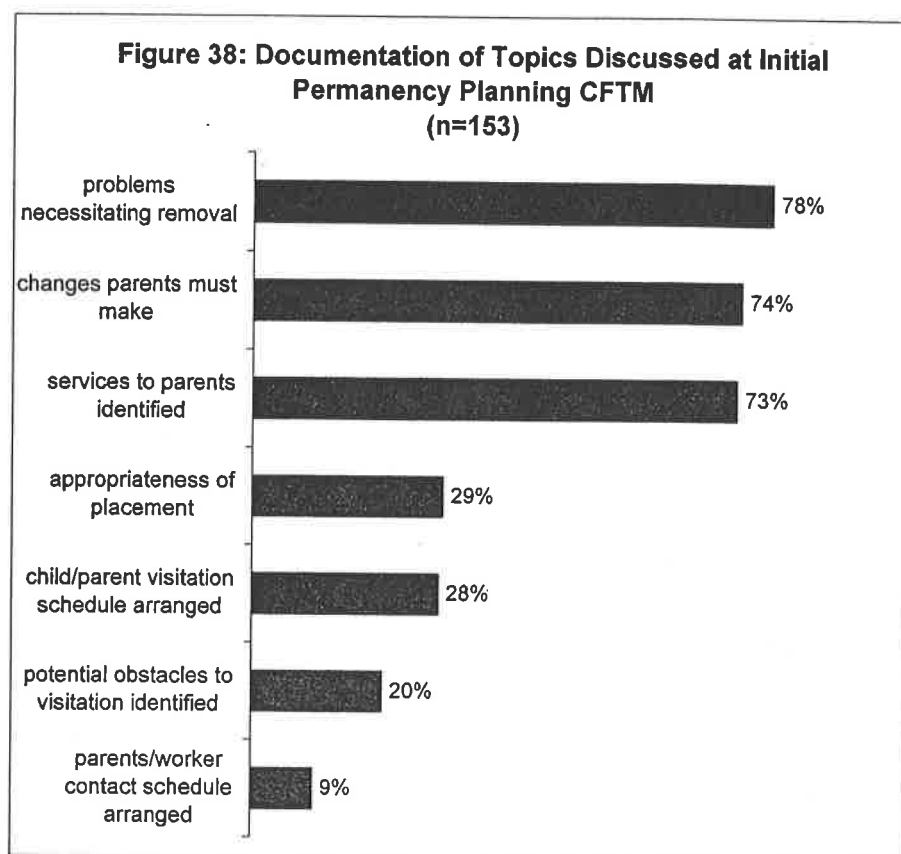


Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of meetings at which the above would be expected to attend.

Reviewers recorded documented barriers concerning parent attendance at the initial permanency planning child and family team meeting as well as number of cases in which there was documentation that DCS attempted to address the barrier. If the parent was ultimately able to participate in the meeting, reviewers considered those efforts “successful.” Reviewers looked at documentation in the file about parents who had not had TPR granted against them, whose whereabouts were known, and who had not indicated they were unwilling to attend the meeting. The most commonly cited barrier was incarceration, involving six mothers and 12 fathers. Of the 18 instances where incarceration was a barrier to attendance, DCS documented efforts to address the barrier in five cases. In two of those cases, the efforts were successful and the parent was able to participate in the meeting. Childcare needs were not documented as a barrier to attendance for either mothers or fathers. Transportation was identified as a need in three cases. In two cases, DCS workers documented efforts to overcome the barrier and were successful in one case. Other barriers identified by reviewers but not documented in more than three cases included family conflict, deportation, parent’s identification unknown, restraining orders, work schedule conflicts, illness, and distance.

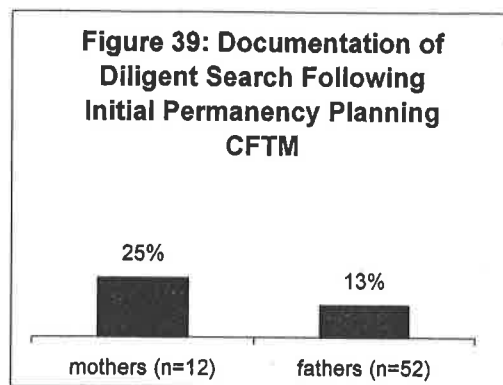
The Settlement Agreement describes the topics to be addressed in the meeting in this manner: “the purposes of the permanency staffing meeting are to discuss the problems that necessitated the child’s removal; to identify the changes by the parents that may be necessary to allow the child to return home safely; to identify the services that need to be provided to the parents to allow the child to return home; to determine the appropriateness of the child’s placement; to arrange a visitation schedule between the child and the parents; to ensure that all reasonable efforts will be made to enable the visitation to take place; and to arrange a schedule of contacts between the parents and the worker” (VII.C.1). In addition to these required topics, reviewers also noted whether or

not child and family strengths and potential obstacles to visitation were identified. Figure 38 below shows the percentage of the 153 meetings for which there was documentation that the key topics were addressed.



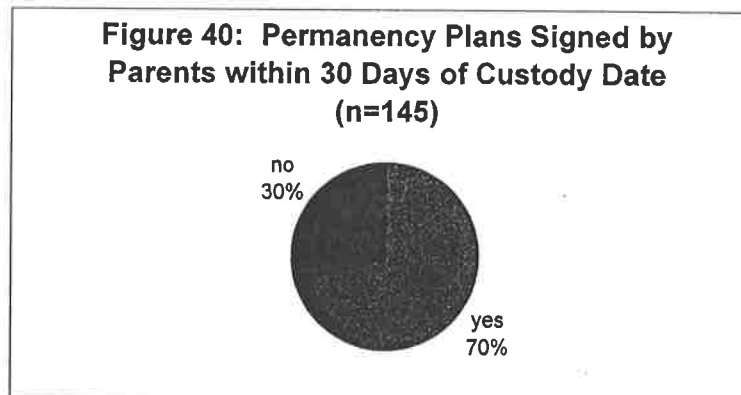
Source: Brian A. Case File Review, April 1 – December 31, 2003  
 n equals the number of initial permanency planning child and family team meetings held between April 1 and December 31, 2003. Because more than one topic was expected to be addressed during a meeting, percentages do not equal 100.

The Settlement Agreement requires that efforts to locate parents and ensure participation are conducted and documented (Settlement Agreement, VII.C.1). The implementation of a diligent search (see footnote 9) was recorded for mothers and fathers whose whereabouts were unknown at the time of the initial permanency planning child and family team meeting. Of the 153 children who had an initial meeting, 12 mothers' whereabouts were unknown at the time of the meeting. DCS implemented a diligent search for three of the mothers (25%). Fifty-two fathers' whereabouts were unknown at the time of the initial child and family team meeting, and seven diligent searches (13%) were performed for them. (See Figure 39.)



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals number of parents did not attend the initial permanency planning child and family team meeting and whose whereabouts were unknown at the time of the meeting.

The Settlement Agreement also states that parents should be given the opportunity to discuss and sign the completed permanency plan within 30 calendar days of custody, in the permanency plan child and family team meeting if possible (VII.C.2). Reviewers documented whether a completed permanency plan was in the file for children who had an initial permanency plan child and family team meeting and if that plan was signed by the parents within 30 days of their entry into custody. Of the 145 children who entered custody during the review period and who had a permanency plan in the file, 101 of the children's parents (70%) signed their permanency plans within 30 days of their entry into custody. (See Figure 40.)

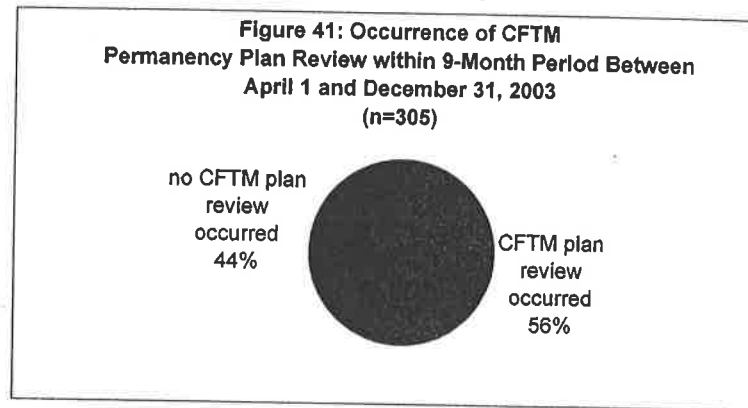


Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of children who entered custody during the review period and who had a permanency plan in the file.

### Child and Family Team Meeting Permanency Plan Reviews

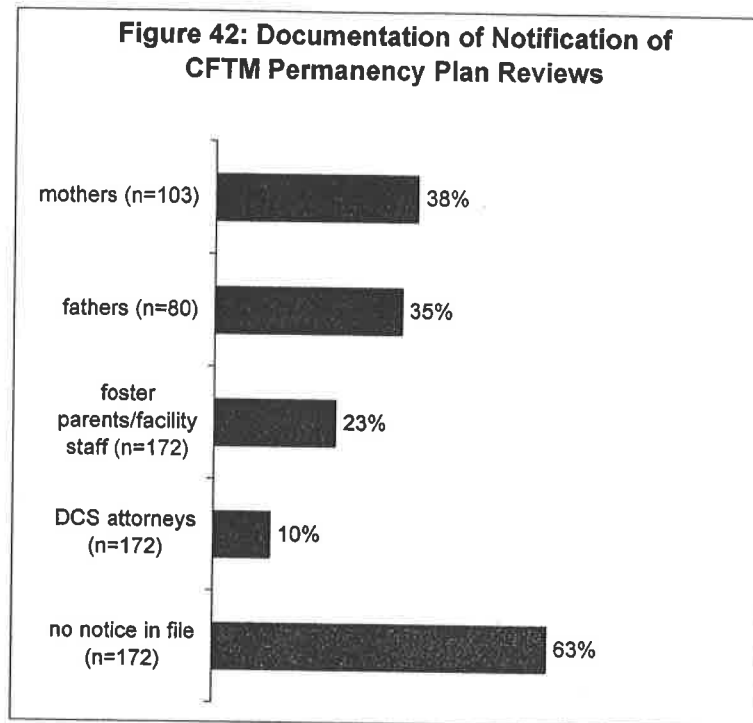
Per the Settlement Agreement, permanency plans must be reviewed at certain intervals calculated from the date the child entered custody. The plans should be reviewed at 6 months, 12 months, 15 months, 21 months, and 24 months after the custody date and every three months thereafter (VII.J.1). Permanency plans should also be revised when case circumstances require it, however, the protocol specifically looked to determine if

permanency plans were being updated at required intervals. Children with a length of custody longer than six months would be expected to have a child and family team meeting permanency plan review between April 1 and December 31, 2003. Three hundred five (305) children were expected to have a permanency plan review between April 1 and December 31, 2003, and 172 of these reviews (56%) occurred (See Figure 41.)



Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of children expected to have a CFTM permanency plan review between April 1 and December 31, 2003.

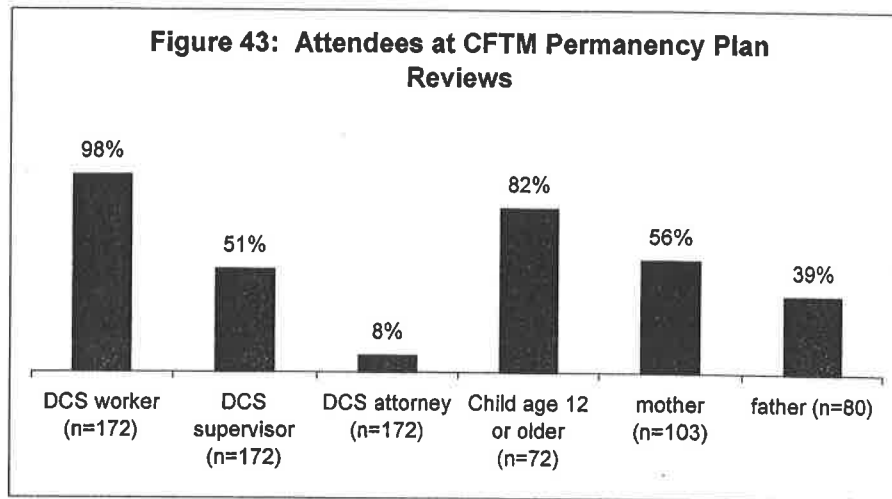
The Settlement Agreement also states that notification of these meetings must be provided to the child's guardian ad litem and CASA worker, if applicable, and make reasonable efforts to ensure that the parents and the child age 12 or older can attend the meeting (VII.J.1). Notifications could not be assessed for guardians ad litem and CASA because the protocol did not record the involvement of a GAL or CASA at specific intervals, however, timely notifications were recorded for parents, foster parents or facility staff, and DCS attorneys. Based on available documentation, DCS has not provided timely notice of these meetings. Of the 103 mothers, files contained documentation that 39 (38%) were notified. Of the 80 fathers, files contained documentation that 28 (35%) were notified. Of the 172 meetings held, documentation of foster parent or facility staff notification was present in 39 files (23%). Notifications to the DCS attorney were present in 18 files (10%). In 108 cases (63%), no notices of staffings were present for any participants. (See Figure 42.)



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of cases for which documentation of a notice to that participant would be expected.

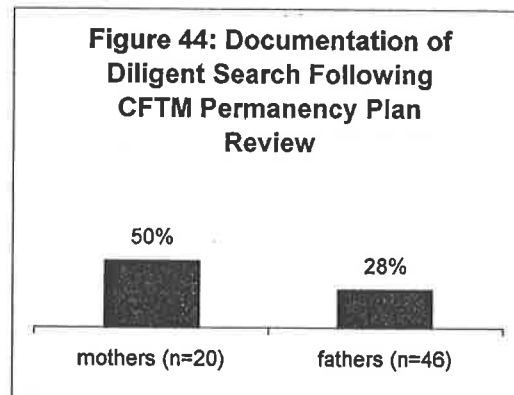
As in the other planning meetings, the Settlement Agreement states certain people must be present for the permanency plan review. The review should include face-to-face meetings with the child's DCS case manager, his or her supervisor, the private agency worker if applicable, the child if he or she is 12 or older, the parents, and the foster parents if appropriate (VII.J.1). Foster parent and private agency worker attendance could not be determined because the protocol did not record placement information at specific case planning intervals. Of the 172 meetings that were held, DCS workers attended 169 (98%), DCS supervisors attended 88 (51%), and DCS attorneys attended 14 (8%). At the time of the child and family team meeting permanency plan reviews, there were 103 mothers whose whereabouts were known to DCS and who had not had TPR granted against them. Of these mothers, 58 (56%) attended. There were 80 such fathers, and 31 (39%) attended. Seventy-three (73) children age 12 or older had permanency plan reviews. Fifty-nine (59) of the remaining 72 children age 12 or older (82%) participated in the meetings. One child's file contained documentation concerning appropriate reasons for the child's non-attendance. (See Figure 43.)





Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of meetings at which the above would be expected to attend.

Documentation of the performance of a diligent search for the mother was present in 10 (50%) of the 20 cases in which mothers' whereabouts were unknown and TPR had not been granted. A diligent search was performed in 13 cases (28%) of the 46 fathers whose whereabouts were unknown and TPR was not granted against them. (See Figure 44.)<sup>13</sup>



Source: Brian A. Case File Review April 1 – December 31, 2003.  
n equals the number of parents who did not attend the child and family team meeting permanency plan review and whose whereabouts were unknown at the time of the meeting.

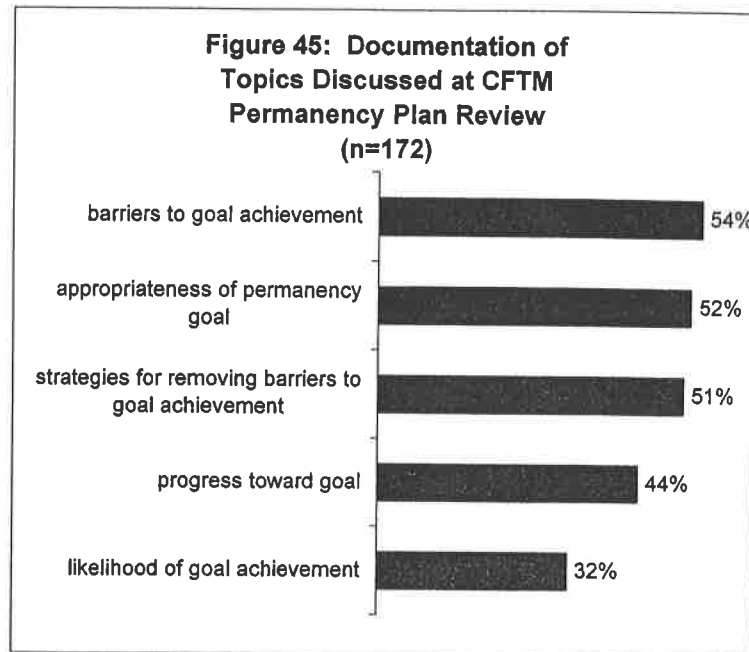
Monitor's staff conducted a follow-up review in August 2004 to determine if attempts had been made since December 31, 2003 to locate missing parents. This review included children who had been in custody less than six months and who had a parent missing at their most recent review, whether that was an initial CFTM, an initial permanency planning CFTM, or a permanency plan review. Seventy-nine children had a parent with unknown whereabouts and did not have documentation of a diligent search. Sixteen (16) children's (20%) case recordings were reviewed, and in two cases (13%) there was evidence that DCS made attempts to locate the parents after December 31, 2003. In 11

<sup>13</sup>See footnote 9 for more information.

cases, no mention of the missing parent was made in the case recordings. Two children were in the process of adoption, and a search for the father after the placement and after TPR on the mother had occurred appears to be delaying the process. Another child was surrendered at birth and her adoption has since been finalized. Case recordings do not discuss the details of the termination on the father.

Reviewers looked for documentation of barriers for parents whose whereabouts were known, who had not had TPR, and who did not indicate they were unwilling to attend the meeting. For the child and family team meeting permanency plan reviews, the most commonly documented barrier was incarceration, with seven mothers and 10 fathers. For these reviews, DCS documented successful efforts to address this barrier in all 17 cases. Transportation was documented as a barrier in three cases, with successful efforts documented in all those cases also. Other barriers identified in not more than three cases include distance, parent's identity is unknown, participants' need for a Spanish interpreter, and a no contact order for a parent. In two cases, the parents were not mentioned in case recordings at all or had no contact with DCS since 2002. If a parent did not attend the meeting and reviewers could not locate any documentation explaining why the parent did not attend, reviewers classified barriers as "unable to be determined." Reviewers reported that barriers were unable to be determined in 37 cases.

The principle of permanency planning is to reunify a child with their family or find an appropriate alternative placement as quickly as possible. To that end, DCS policy and the Settlement Agreement (VII.A, VII.I) define certain areas that should be covered in a comprehensive plan. Reviewers used case recordings of meetings and, in some regions, staffing summaries when present to determine if documentation was present that the meeting addressed the appropriateness of the permanency goal, progress toward the goal, barriers to goal achievement and strategies for removing them, and likelihood of goal achievement. Figure 45 below presents the percentage of the 172 child and family team meeting permanency plan reviews in which reviewers found documentation that a particular topic was discussed.



Source: *Brian A. Case File Review*, April 1 – December 31, 2003

n equals the number of child and family team meeting permanency plan reviews that occurred. Because more than one topic should have been discussed at each meeting, percentages do not equal 100.

## Legal Services

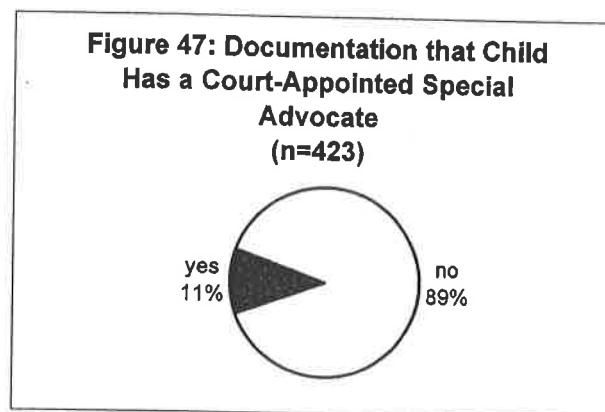
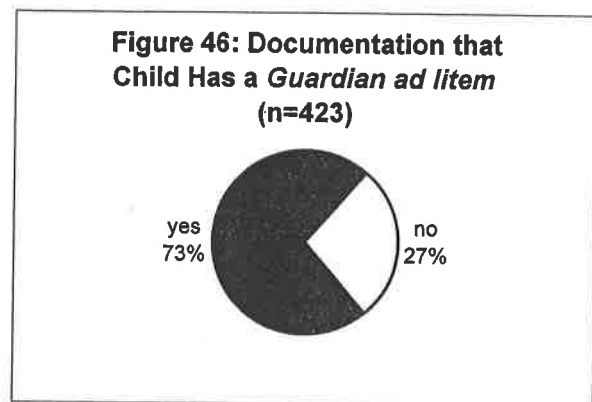
Under Tennessee law, every child in state custody as a result of a dependent neglect proceeding should be represented by a *guardian ad litem*. Under Tennessee Supreme Court Rule 40, that guardian ad litem (or a successor *guardian ad litem*) should continue to be actively involved in monitoring that child's case, participating in court reviews, foster care review board hearings, and child and family team meetings, and keeping in touch with the child through telephone contact with the child and/or visiting the child in the child's placement. (Children in unruly child and delinquency proceedings should be represented by appointed counsel in the court proceedings that led to their placement in state custody and in any further court proceedings while in state custody.)

Figures 46 and 47 below present data on the involvement of a *guardian ad litem* (GAL) or a Court Appointed Special Advocate (CASA) in the children's cases.<sup>14</sup> However, reviewers collected information only about whether the GAL or CASA was involved at some point during the child's stay in custody; the data does not provide definitive information about how many children currently have a GAL or a CASA, at what point the GAL or CASA became involved, or the extensiveness of their involvement in the

<sup>14</sup> CASA programs provide specially trained volunteers who provide an additional advocacy resource to supplement the *guardian ad litem* advocacy. CASA programs exist in a number of regions. They have a limited number of volunteers that they are able to recruit, train, and supervise and therefore are appointed in a relatively small number of cases.

case. As a result, it is not possible to report GAL and CASA involvement in permanency planning meetings.

For almost three-quarters (72%) of cases, reviewers did find documentation that the child had a GAL. In contrast, there was evidence of a CASA appointed for only 11% of children.



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
n in the two above graphs equals the total number of children whose cases were reviewed.

## Services and Child Well-Being

### Services

The *Brian A.* Settlement Agreement states that the DCS case manager and supervisor have the ongoing responsibilities of ensuring that appropriate services are provided to the child to meet his or her specific needs, that specific services outlined in the permanency plan are provided to the parents and other appropriate family members and that they are progressing toward the objectives in the plan, and that any private providers identified in the plan or with whom the child is placed deliver appropriate services (VII.J).

Although the protocol collected information on provision of services to the child, birth parents, and foster parents, it was structured to only collect information about whether or not services had been provided. In cases in which “some services” or “no services” were provided, the protocol did not allow reviewers to distinguish between the cases in which DCS made attempts to provide services but the child, birth parents, or foster parents refused them or did not follow through with them and the cases in which DCS made insufficient attempts or no attempts at all to provide services. Since it is not possible to make a fair presentation of the data without this distinction, data related to provision of services to the child, birth parents, and foster parents is not presented in this report. A qualitative review of service provision would be a much better method for collection of this data, and it would allow for the collection of important information such as the appropriateness and efficacy of the services provided. The Monitor intends to conduct such qualitative reviews in the future.

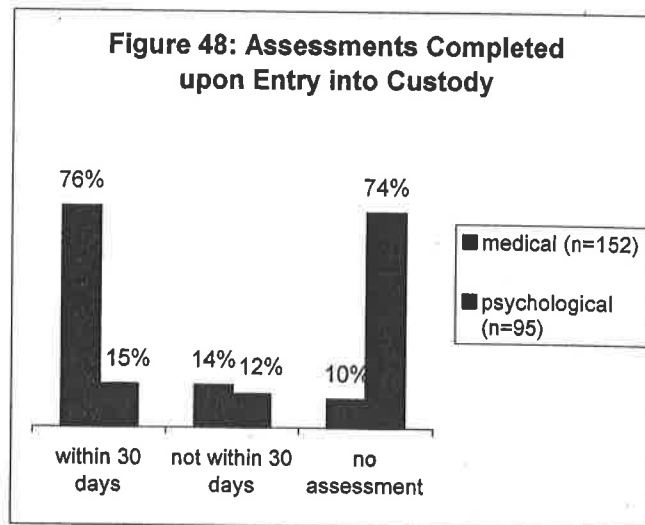
### Health

The *Brian A.* Settlement Agreement (section VI.D.) states that all children in the custody of the Department of Children’s Services should be assessed using a standardized protocol within 30 days of entering custody. The assessments are expected to include a medical evaluation and, if it is indicated, a psychological evaluation.

As Figure 48 below indicates, reviewers found that over three-quarters of the children reviewed received medical assessments within 30 days of entry into custody, and an additional 14% received an assessment, but not within 30 days of entry. Psychological evaluations occurred significantly less frequently, with almost three-quarters of the children expected to have such an evaluation not receiving one.<sup>15</sup>

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<sup>15</sup> Absent evidence to the contrary, reviewers judged that it would be appropriate for most children coming into custody to have a psychological assessment. Cases in which reviewers judged that it would not be appropriate were instances in which children’s custodial relatives were joining the kinship care program or in which children were too young.

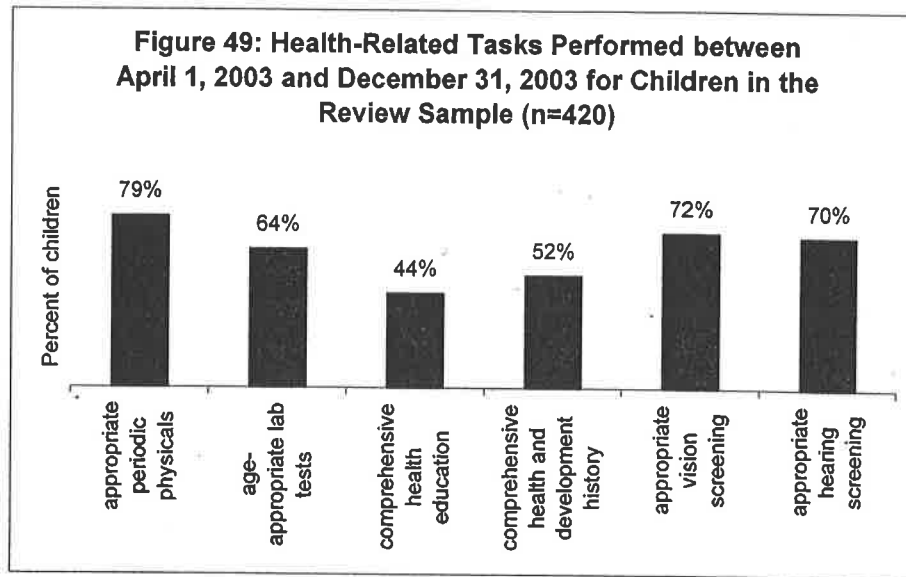


Source: Brian A. Case File Review, April 1-December 31, 2003

The two ns include only those children who entered custody during the review period (April 1, 2003-December 31, 2003). Excluded from the table are children in custody fewer than 30 days. Only those children reviewers judged in need of a psychological evaluation were included in the n for psychological evaluations.

During the case file review, information was collected on whether children were receiving appropriate periodic physicals. “Appropriate periodic physicals” were considered unclothed examinations performed annually after age two. Prior to that age, physicals were expected at birth, 2-4 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, and 24 months. Beginning around June 2003, DCS policy changed, and all annual physicals were to be performed by the Health Department. One of the resulting changes was the use of a standardized form to document the physical and the tasks performed by the nurse or physician. The Health Department form specifically identifies a number of tasks, including completion of a comprehensive health and development history, the provision of health education to the child and/or caretaker, and completion of age-appropriate laboratory tests, which were not consistently recorded on the various forms completed prior to the change.

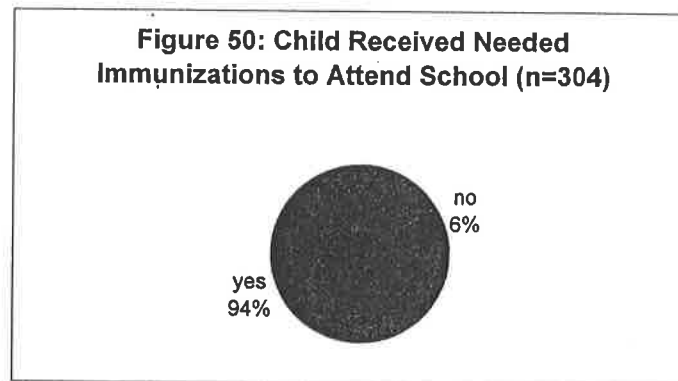
Documentation in the case files for EPSDT exams performed between April 1 and December 31, 2003 included a mixture of old and new forms. As a result, documentation of those physicals that did not use the new form may not have clearly identified which of these items were covered during the appointment. The information contained in Figure 49 below captures only that information documented in the case files on the EPSDT forms; because of inconsistent documentation of the details of EPSDTs prior to the new form and policy, it may not accurately reflect what actually took place during the physicals.



Source: Brian A. Case File Review, April 1-December 31, 2003

n excludes three children in custody fewer than 30 days by the end of the review period who had not yet received a physical. Those children in custody fewer than 30 days who had received a physical are included in the chart.

The case files of 94% (287/304) of the school-age children reviewed included documentation that the children had received the immunizations necessary to attend school. (See Figure 50.)<sup>16</sup>



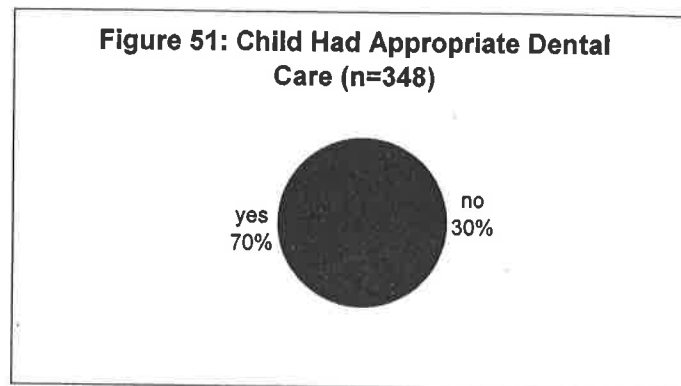
Source: Brian A. Case File Review, April 1-December 31, 2003

n includes all school-age children reviewed less one due to reviewer omission.

Reviewers collected information on dental care for all children in the review sample who were not infants (who were older than two). Almost three-quarters of the files reviewed documented that the child had received appropriate dental care. (See Figure 51.)

<sup>16</sup> A document certifying that a child has received certain immunizations (or a waiver) is required to enroll children in school. Because of the variability in immunization documentation by pediatricians and health departments statewide, documentation regarding immunization for younger children was not captured in the protocol.

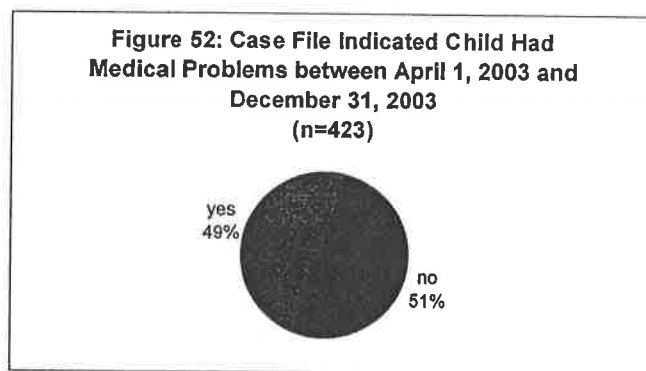
Appropriate dental care for children without noted dental problems was considered cleaning appointments every six months.



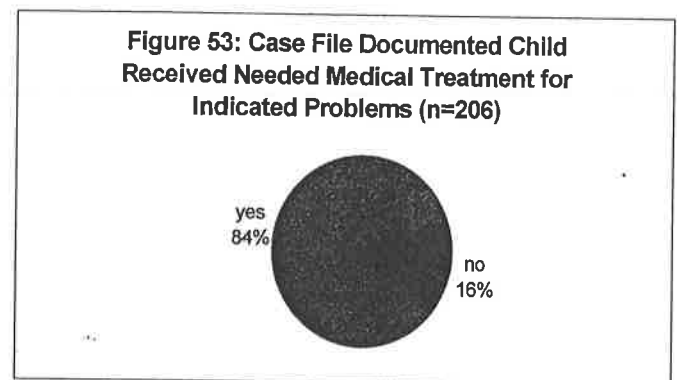
Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes those children in the review sample who were over the age of two between April 1, 2003 and December 31, 2003.

### Treatment of Identified Medical Problems

Reviewers found documentation of health problems (major and minor) in 206 (49%) of the 423 cases reviewed. Of those 206, the case files documented treatment for the health problems in 173 (84%) cases. (See Figures 52 and 53.)<sup>17</sup>



Source: *Brian A. Case File Review, April 1-December 31, 2003*



Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes those children whose files documented medical problems during the period reviewed (April 1, 2003-December 31, 2003).

### Psychotropic Medications

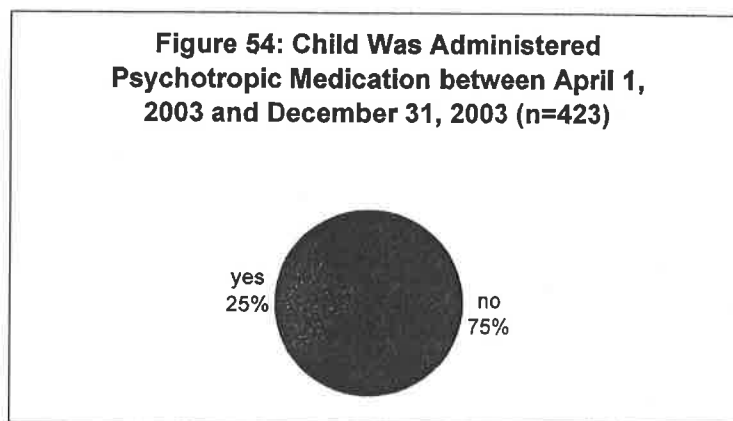
In accordance with section VI.F. of the Settlement Agreement, DCS convened a workgroup to review the policies and procedures related to the use of psychotropic medication. New policies were drafted by the workgroup, and these policies were

<sup>17</sup>If reviewers found no documentation of medical follow-up in the file for serious medical conditions, cases were discussed with regional representatives at a regional exit conference and passed along to the DCS Quality Assurance division.

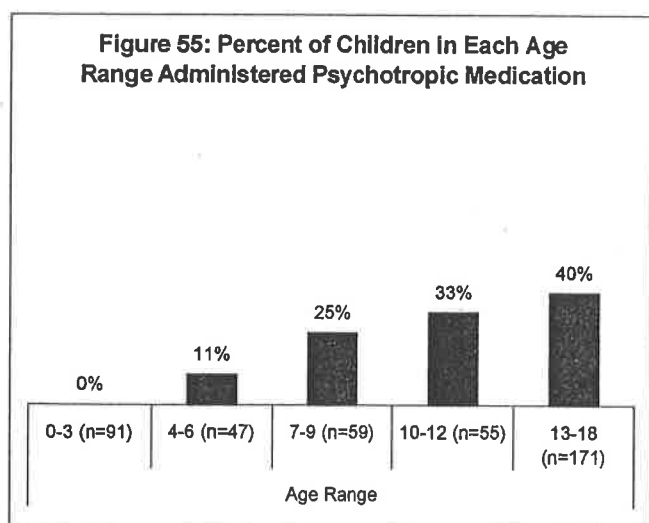


finalized in April 2004. The *Path to Excellence* task plan lays out a number of expectations related to the implementation of these policies. Training on the new policies is scheduled to be completed in December 2004.

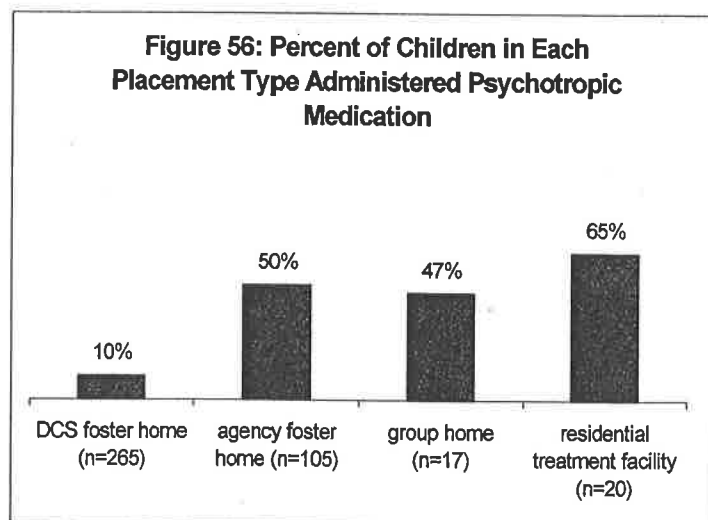
Settlement Agreement section VI.F. states that “. . . When possible, parents shall consent to the use of medically necessary psycho-tropic medication. In the event that a parent is not available to provide consent for psycho-tropic medication, the regional health unit nurse shall review and consent to medically necessary medication. . . .” Reviewers found documentation that 106 (25%) of the 423 children reviewed were being administered psychotropic medication. (See Figure 54.) Eleven percent (5 of 47) of children aged 4-6 in the review sample, one-quarter (15 of 59) of children aged 7-9, one-third (18 of 55) of children aged 10-12, and 40% (68 of 171) of children aged 13-18 were receiving psychotropic medication. (See Table 55.) Tables 56 and 57 break down information regarding the administration of psychotropic medications by placement type.



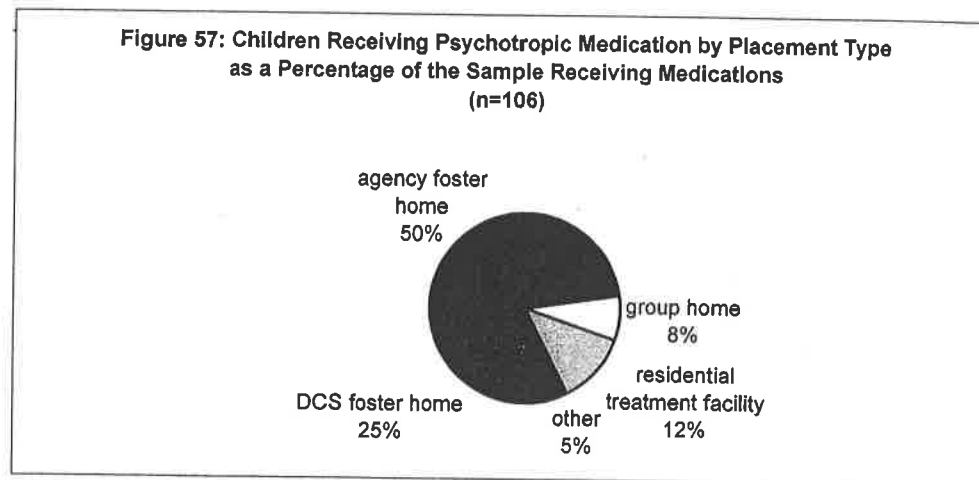
Source: Brian A. Case File Review, April 1-December 31, 2003



Source: Brian A. Case File Review, April 1-December 31, 2003  
ns represent number of children reviewed in each age range; percentages represent percentage of children in each age range receiving psychotropic medications.

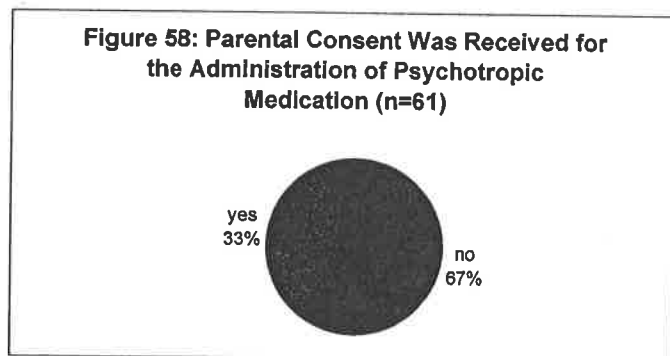


Source: Brian A. Case File Review, April 1-December 31, 2003  
Placement types with fewer than 10 children in the sample placed are excluded from this chart.

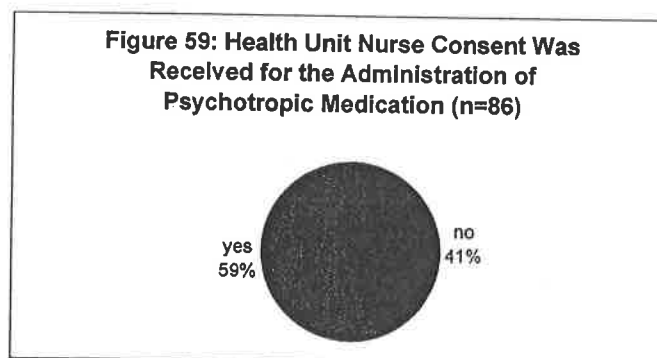


Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 "Other" placements include PTCs and psychiatric facilities/hospitals.

For those children receiving medication, reviewers looked for documentation in the record of consent from biological parents or from the Health Unit Nurse. In those cases in which parental rights had been terminated or in which "parents were uncooperative or whereabouts unknown," consent for the administration of psychotropic medications would be expected from the Health Unit Nurse rather than from the parent. Parental consent was expected in 61 cases but was documented in only 20 (33%). Health Unit Nurse consent was expected in 86 cases and was documented in 51 (59%). Overall, 33% of the files did not document consent from either the parent or the Health Unit Nurse for administration of psychotropic medications. (See Figures 58 and 59, and 60.)

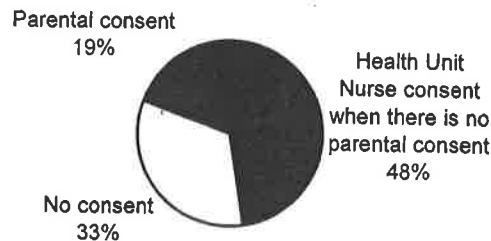


Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 n includes all children receiving psychotropic medication for whom parental consent would be expected.



Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 n includes all children receiving psychotropic medication for whom parental rights had been terminated, parents were uncooperative or their whereabouts were unknown, or parental consent had not been received. It does not include those children with Health Unit Nurse consent if parental consent had also been received.

**Figure 60: Consent for Administration of Psychotropic Medication Received from Either Parent or Health Unit Nurse (n=106)**



Source: *Brian A.* Case File Review, April 1-December 31, 2003.  
 n includes all children receiving psychotropic medication. The percent of Health Unit Nurse consents in the chart above does not contain those cases in which parental consent had also been obtained.

## Education

The *Brian A.* Settlement Agreement (section VI.E.) states that all children in DCS custody should have access to a “reasonable and appropriate education, including special education services, the need for which shall be timely identified.” During the recent case file review, which looked at the period between April 1 and December 31, 2003, reviewers found that almost 90% of the 305 school age children were attending school regularly. (See Figure 61.)

Reviewers also checked case files to determine whether or not a recent copy of the child’s report card was present. Reviews were conducted from February through April 2004, and a “recent” report card was considered one from the grading period preceding the end of the period reviewed (December 31, 2003). Current educational documentation was present in only one-half of the files reviewed. (See Figure 62.) Keeping such documentation up to date in the files ensures that case managers are continually aware of a child’s school performance and potential areas in which the child might need assistance.

**Figure 61: Child Attended School Regularly during the Review Period (n=305)**

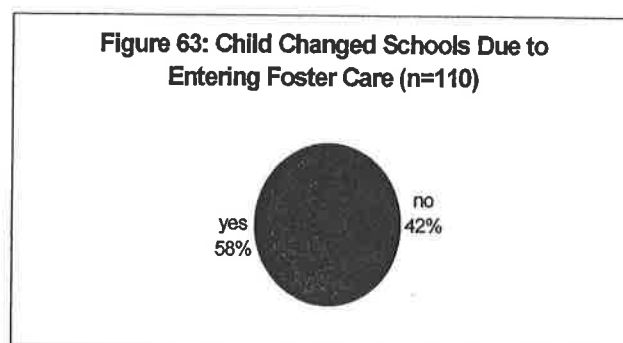


**Figure 62: Recent Copy of Child's Report Card in File (n=305)**

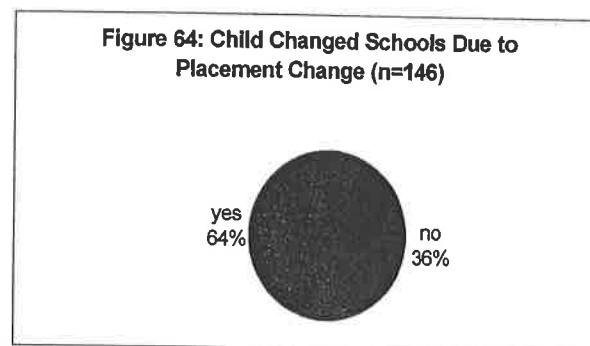


Source: *Brian A.* Case File Review, April 1-December 31, 2003  
 n in the two above charts includes all children reviewed who were school age.

Although the Settlement Agreement does not address school changes, the review looked at these changes—in particular how entering custody or placement changes created the need for school changes. Over half of the children entering custody during the period reviewed (April 1, 2003, through December 31, 2003) needed to change schools upon entering custody, which indicates that many children are being removed not only from their homes but from their communities when entering custody. It speaks to the need for increased foster home placement resources throughout the state. The findings regarding school changes due to placement changes for children already in custody support the same conclusion—a lack of available resources that would allow children to remain in the same school despite placement changes. (See Figures 63 and 64.)

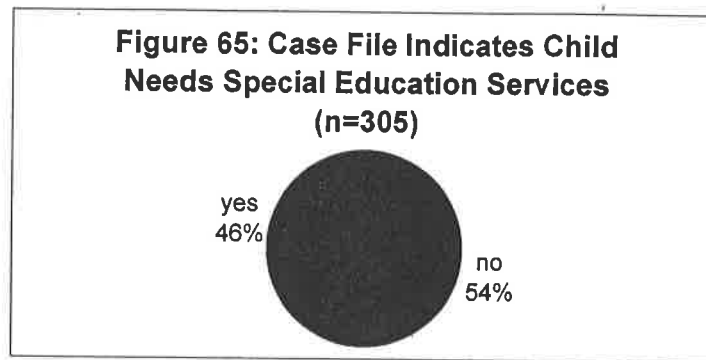


Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes those school-age children who entered custody between April 1, 2003 and December 31, 2003.

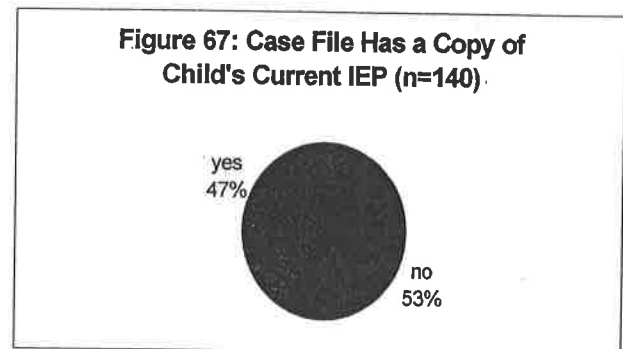
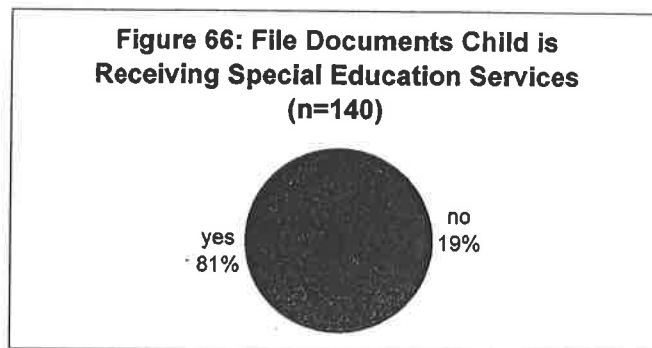


Source: *Brian A. Case File Review, April 1-December 31, 2003*  
n includes all children who changed placements between April 1, 2003 and December 31, 2003 but excludes three children who changed placements and schools due to treatment and educational necessity.

To determine whether or not children were appropriately receiving special education services, reviewers recorded whether or not the file contained documentation indicating the need for such services. Such indicators included documentation that the child is mentally retarded or developmentally delayed, is learning disabled, is seriously emotionally disturbed, has an IEP, or other like items. After identifying those children in need of special education services, reviewers sought documentation that such services were being provided and that a current IEP was present in the file. In keeping with national educational standards, “current” IEPs were considered those that were less than one year old as of the last day of the review period (December 31, 2003). Although files of over 80% of the children indicated as needing special education services contained documentation that the children were receiving these services, less than half of those children had a current IEP in their file. Reviewers made no judgment about the quality or appropriateness of services being provided. (See Figures 65, 66, and 67.)



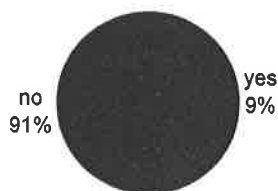
Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 n includes only school-age children.



Source: *Brian A. Case File Review, April 1-December 31, 2003*  
 n in the above two charts includes those school-age children whose files indicated that they were in need of special education services.

The Settlement Agreement required that DCS undertake an evaluation of all of their in-house schools to determine whether or not they are providing a reasonable and appropriate education for children in care. In keeping with the recommendations of that evaluation, DCS has been systematically transitioning a number of foster children out of in-house schools and into the public school setting. The transition began with Level 1 children during the 2002-2003 school year and continued in the 2003-2004 school year with children receiving Level 2 services. Likely as a result of these ongoing efforts, the number of children being educated in in-house schools as of December 31, 2003, was quite low and represented only 9% of the sample reviewed. (See Figure 68.) This is a positive accomplishment.

**Figure 68: Child is Attending an In-House School as of December 31, 2003 (n=305)**

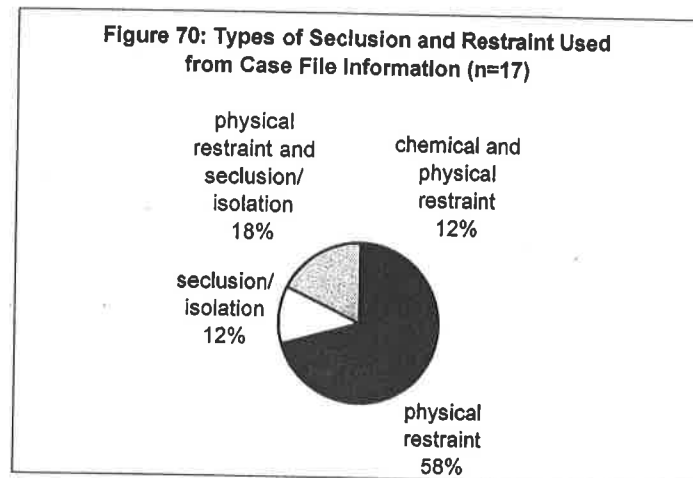
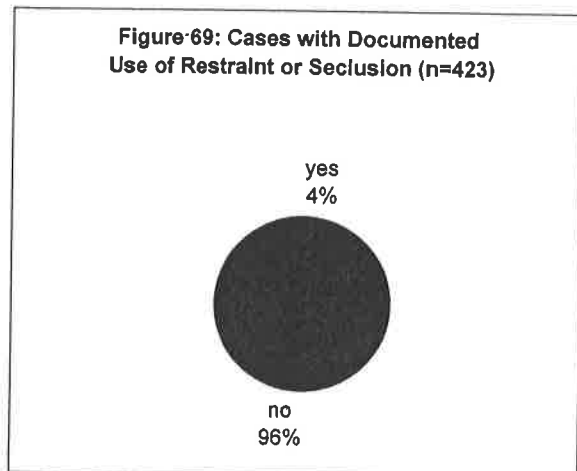


Source: *Brian A. Case File Review*, April 1-December 31, 2003  
n includes all children reviewed who were school age.

### **Restraint and Seclusion/Isolation**

In accordance with sections VI.F. and VI.G. of the Settlement Agreement, DCS convened workgroups to review the policies and procedures related to the use of chemical and physical restraint and seclusion/isolation. New policies were drafted by the workgroup, and these policies were finalized in April 2004. The *Path to Excellence* task plan lays out a number of expectations related to the implementation of these protection-from-harm policies. Training on the new policies is scheduled to be completed in December 2004.

Reviewers found documentation of physical restraint or seclusion/isolation in 17 (4%) of the 423 cases reviewed. (See Figure 69.) Documentation included notation in case recordings or hard copy Serious Incident Reports found in the child's file. Reviewers found documentation in 10 cases indicating the use of physical restraint only, in two cases of seclusion/isolation only, and in three cases of both physical restraint and seclusion/isolation. Two cases contained documentation of chemical sedation/restraint; both of those cases also documented the use of physical restraint. (See Figure 70.) Of these 17 cases, in 11 (65%) reviewers found documentation in the child's file that the incidents were reported to Central Office in a Serious Incident Report.



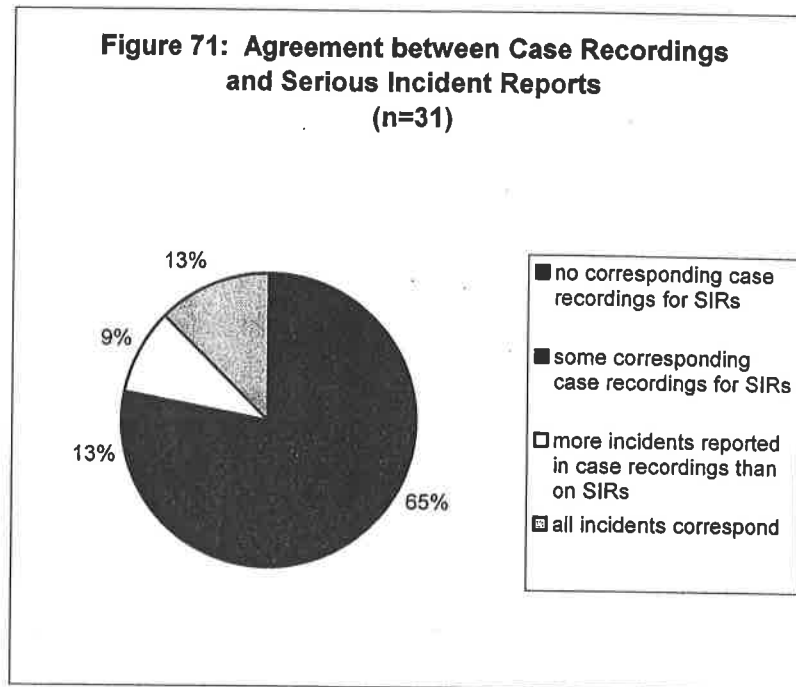
Source: Brian A. Case File Review, April 1 – December 31, 2003

Figure 67: n equals total number of cases reviewed. Figure 68: n equals number of children whose files contained documentation that restraint or seclusion was used.

Since only 32% of cases (see section entitled “Maltreatment” for further information) in which maltreatment incidents were indicated in the case recordings contained evidence these incidents were reported to Central Office via Serious Incident Reporting, there was concern that using Serious Incident Reports found in the hard file as the source of information about the use of physical and chemical restraint and seclusion/isolation would underrepresent the frequency of their use. A follow-up review was conducted in July 2004 (see the section titled “Maltreatment” for more information) to determine if the number of restraint and seclusion incidents recorded in the hard file is consistent with the number of such incidents reported to Central Office. Although any incident of restraint or seclusion/isolation is to be reported to Central Office and to the child’s DCS case manager, it appears that many times incidents that are reported to Central Office may not actually be reported to the DCS case manager and will not be recorded in the child’s file. In an attempt to understand the scope of this problem, monitor’s staff chose a sample of 31 children appearing on the June 2004 Serious Incident Report Spreadsheet compiled by Central Office. This report includes all incidents reported to Central Office for the month of June 2004. Monitor’s staff then went through TNKids case recordings to determine if a case recording was present indicating the DCS case manager was notified of the restraint or seclusion/isolation.<sup>18</sup> In four cases, (13%) the case recordings and Serious Incident Reports in Central Office correspond on date, type of incident, and number of incidents; in 21 (65%) there were no case recordings that corresponded to the Serious Incident Reports. (See Figure 71.) The review suggests that information even in hard files may not provide an accurate picture of the frequency restraint and seclusion is used.

<sup>18</sup>The review of June 2004 Serious Incident Reports was conducted in August 2004 to allow case managers 30 days after the incident occurred to update TNKids case recordings.

**Figure 71: Agreement between Case Recordings  
and Serious Incident Reports  
(n=31)**

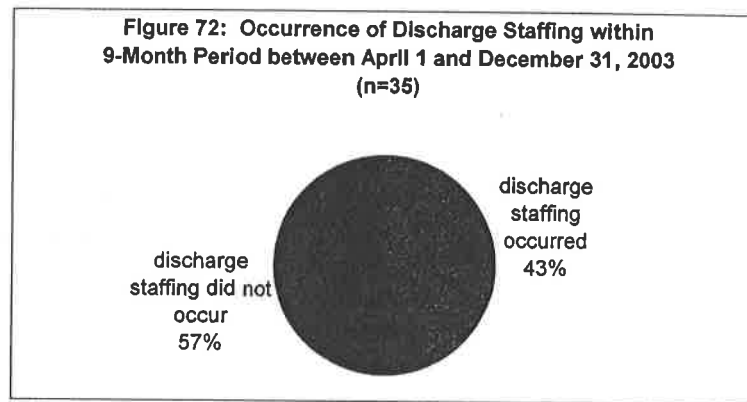


Source: Targeted Review of Serious Incident Reports, July 2004  
n equals the number of children in a 20% sample of the children appearing on the June 2004 Serious Incident Reports compiled by Central Office who were adjudicated Dependent/Neglect or Unruly with incidents of restraint, escort/restraint, and seclusion/isolation.



## Discharge Planning

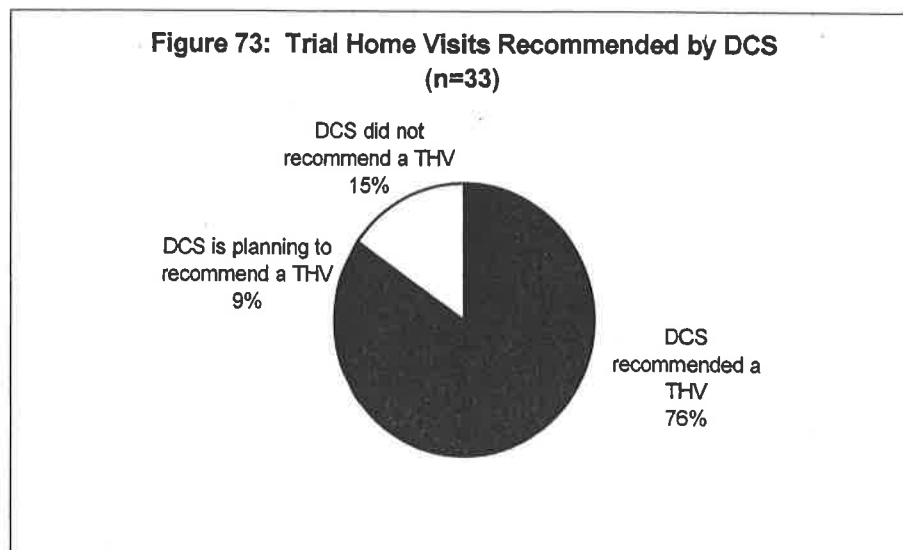
The *Brian A.* Settlement Agreement states, “a decision to return a child to his/her home or to be placed in the custody of a relative shall be made at a discharge staffing meeting” (VII.L.2). Thirty-seven children with a discharge planned had a goal of return home or exit custody to live with relatives. Although 35 is a rather small number from which to draw conclusions reflecting statewide practice in this area, fewer than one-half of the 35 children in this sample expected to have a discharge staffing between April 1 and December 31, 2003 had a staffing. (See Figure 72.)



Source: *Brian A.* Case File Review, April 1 – December 31, 2003

n equals the number of children expected to have a discharge staffing between April 1 and December 31, 2003.

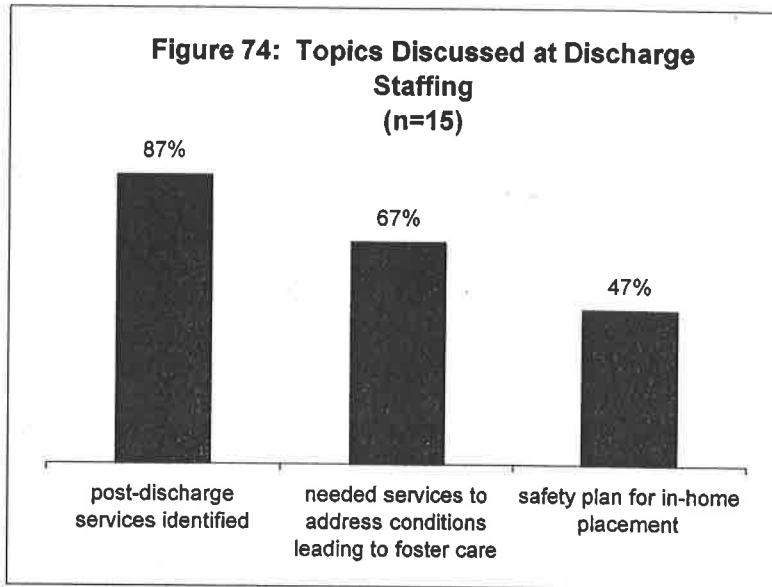
In Section VII.L.1, the Settlement Agreement states, “DCS shall recommend to the court a 90-day trial home visit for all children for whom a decision is made to return home or to be placed in the custody of a relative.” There were 33 cases in which DCS would be expected to recommend a trial home visit. DCS made the recommendation in 25 of the cases (76%). In three cases (9%) a recommendation was planned but had not yet occurred. (See Figure 73.)



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of children for whom DCS would be expected to make a recommendation for a trial home visit.

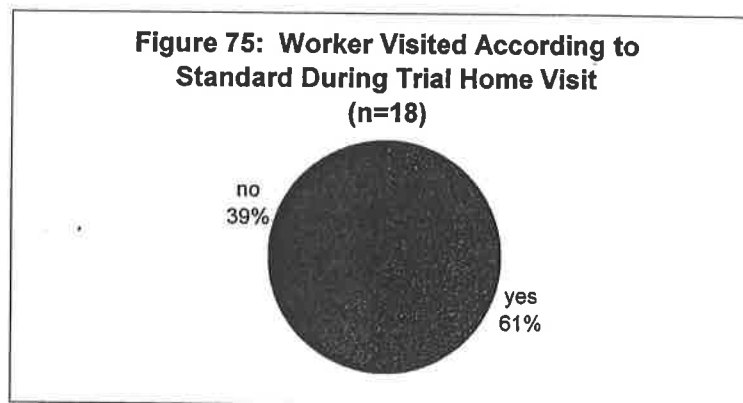
Section VII.L.3 of the Settlement Agreement lists required attendees to the discharge staffing. Included are the DCS case manager, the DCS supervisor, the private agency worker (if applicable), and the parent or relative assuming custody. In addition, the Settlement Agreement states that foster parents should attend the discharge staffing unless DCS determines that their attendance would be inappropriate. The protocol did not record if DCS made a determination about foster parent attendance, so their attendance at discharge staffings is not reported. A discharge staffing occurred in 15 cases. The DCS worker attended in all 15 cases (100%), the DCS supervisor in three cases (20%), and the DCS attorney in seven cases (47%). Parents or relatives assuming custody attended 13 of the meetings (87%). Four of the six children age 12 or older (67%) attended their meetings. Seven children were involved in a private agency at the time of the discharge staffing, and six of the private agency workers (86%) attended.

Specific topics that are to be addressed at the discharge staffing meeting are defined in Settlement Agreement section VII.L.3. Meeting participants should, “identify all of the services necessary to ensure that the conditions leading to the child’s placement in foster care have been addressed, and that the child’s safety will be assured, and will identify the services necessary to support the child and the trial home visit.” Reviewers looked for documentation in the case file that participants in discharge staffings discussed any post-discharge services needed to support the family, safety of the child upon return, and that the pre-custody conditions have been addressed. Figure 74 below shows the percentages of cases in which it was documented these topics were discussed.



Source: *Brian A.* Case File Review Data, April 1 – December 31, 2003  
 n equals the number of discharge staffings that occurred. Because more than one topic is expected to be discussed in each meeting, percentages do not equal 100.

Reviewers also determined if the child's case manager made a face-to-face visit with the child at least three times in the first 30 days of the trial home visit and twice per month for the remaining 60 days (*Brian A.* Settlement Agreement, section VII.L.4). Eighteen children's trial home visits were of sufficient duration to determine visits, and 11 (61%) were visited accordingly. (See Figure 75.)



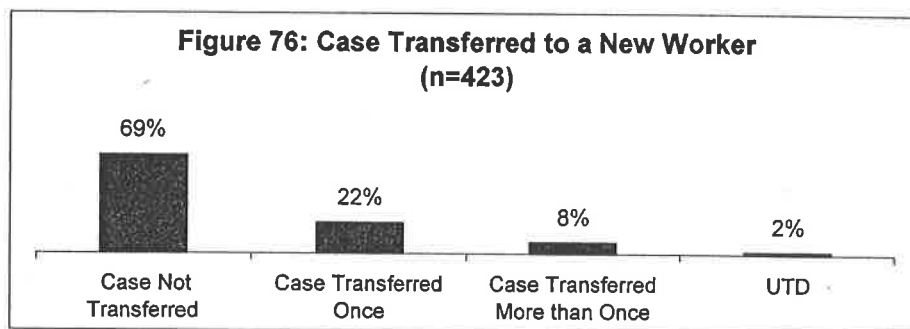
Source: *Brian A.* Case File Review, April 1 – December 31, 2003  
 n equals the number of cases in which a trial home visit was of sufficient duration to determine frequency of worker- child visits.

The Settlement Agreement states that final discharge staffings should occur prior to the end of a trial home visit (VII.L.5). For only 1 child was a final discharge staffing applicable; no final discharge staffing occurred.

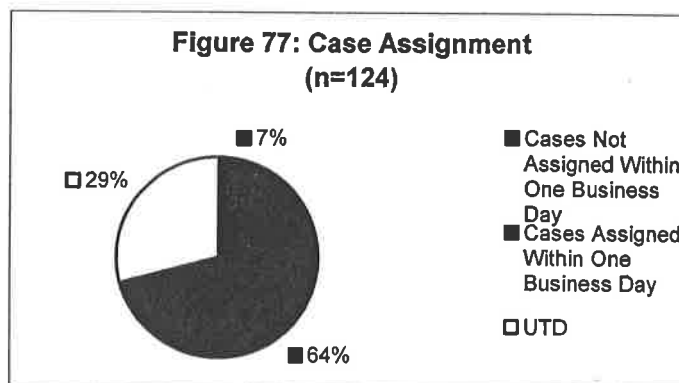
## Case Transfer

The Settlement Agreement states, “when a case manager leaves the agency, his/her cases shall be reassigned within one business day. No cases shall be uncovered at any time” (V.F.5).

Of the 423 class members’ case files reviewed, 124 (29%) cases were transferred as of December 31, 2003. Of those 124 cases, 79 (64%) appear to have been transferred within one business day. In 36 cases (29%), reviewers were unable to determine whether or not the cases were without an assigned case manager for more than one business day based on case file documentation, which is a concern in determining whether the case is being managed properly. In many of the cases that were transferred, reviewers were only able to determine that the child received a new worker because the name changed in the case recording. Therefore no formal meetings were occurring to properly transfer cases. (See Figure 76 and Figure 77.)



Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of cases that were transferred to a new worker.



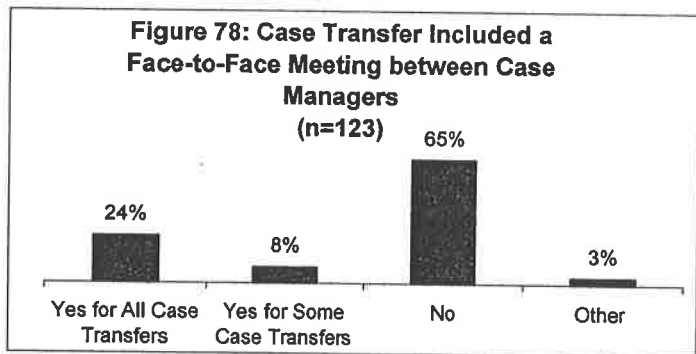
Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of cases that were re-assigned because the case was transferred.

According to the Settlement Agreement, cases that are being transferred to a new case manager require that a face-to-face meeting take place between case managers to discuss the case, unless the departing case manager leaves without prior notice or other documented emergency situations. The departing and the receiving case manager's supervisors should also be included in the case transfer meeting (V.F.5).

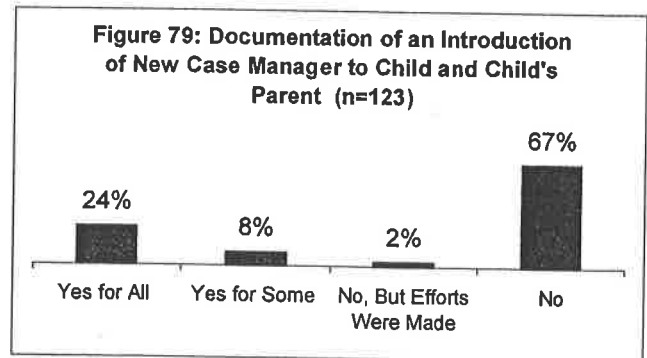
Out of the 123 cases that were transferred as of December 31, 2003, 40 (32%) cases indicated at least one case file transfer meeting occurred between the departing and receiving case managers. In the four (3%) cases where reviewers noted a response of "Other", a face-to-face meeting did not occur between the receiving and departing case manager. Instead, an alternative form of contact was made to introduce the case to the receiving case manager: the receiving and/or the departing supervisors met with the receiving case manager and in one case the receiving case manager shadowed the departing case manager. (See Figure 78.)

In the cases where transfer meetings were held; only 14 (32%) cases indicated the receiving case manager's supervisor and/or the departing case manager's supervisor participated in at least one of the transfer meetings during the review period

Section V.F.5 of the Settlement Agreement states, "the departing case manager shall make every effort to introduce the receiving case manager, in person, to the child and the child's parents." The departing case manager introduced the receiving case manager to the child and parent in all case transfers in 28 (23%) of the 123 cases in which case transfer meetings were held during the review period. (See Figure 79.)



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n excludes the number of cases in which there were no transfers and one case in which there was a transfer, but the meeting was not applicable.

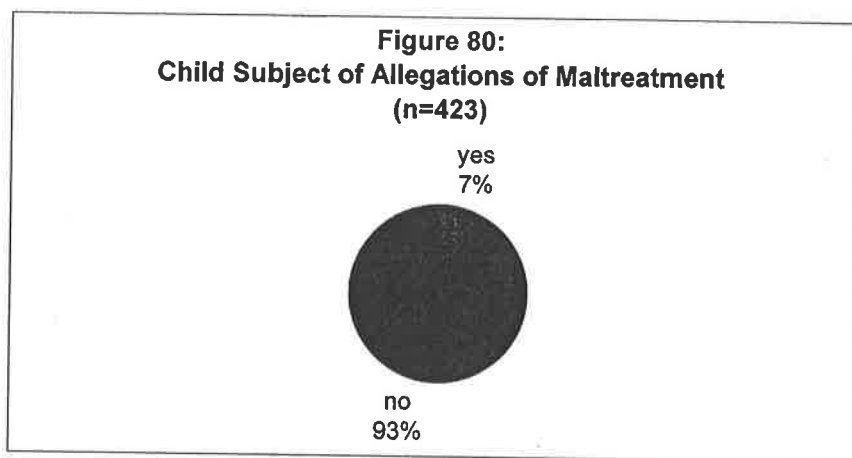


Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of children whose cases were transferred.

## Maltreatment While in DCS Custody

The Settlement Agreement asserts that, “all matters of abuse or neglect of foster children in DCS custody shall be investigated by the child protective services unit in the manner and within the time frame provided by law” (III.B). DCS Policy chapter 14 addresses the nature, time frames, and requirements for fulfilling a CPS investigation. In addition to children in foster homes, the Settlement Agreement and DCS policy require matters of abuse or neglect occurring in provider agency foster homes, institutional settings, and congregate care facilities should be referred to and reviewed by quality assurance and the licensing division if appropriate (Settlement Agreement, III.B).

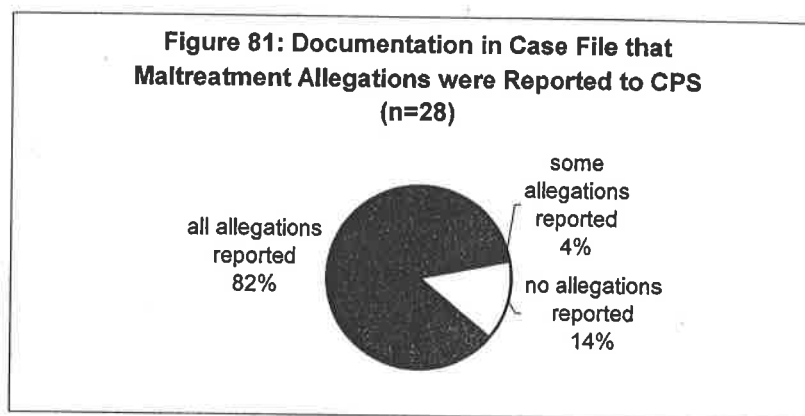
Serious Incident Reports are the primary means by which Central Office staff is notified about incidents occurring in facilities and contract agency foster homes. Although policy requires that Serious Incident Reports be completed for incidents involving children in DCS foster homes as well, case practice does not currently reflect this policy. Serious Incident Reports include reports of injury, medication errors, restraints, and runaways, among others. Matters appropriate for CPS referral are also included in the Serious Incident Reports per DCS policy, and reporting abuse or neglect to Central Office via a Serious Incident Report does not preclude reporting the incident to Central Intake of CPS. Reviewers found that 31 (7%) of the 423 children whose cases were reviewed were the subjects of alleged maltreatment while in custody between April 1 and December 31, 2003. (See Figure 80.) Ten (10) of the 31 files (32%) with alleged incidents of maltreatment contained evidence that the incident was reported to Central Office in a Serious Incident Report.<sup>19</sup>



Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the total number of children in the sample.

<sup>19</sup> Cases in which alleged maltreatment was documented were a mix of DCS-managed and provider agency-managed cases. The general lack of reporting in DCS foster homes should be considered when looking at this data. However, because placement information was captured at only two points during the period reviewed (April 1 – December 31, 2003), and because 20 of the 31 children changed placements during that period, it is not possible to determine, for all of these children, whether alleged incidents of maltreatment took place in DCS foster homes or in provider agency placements.

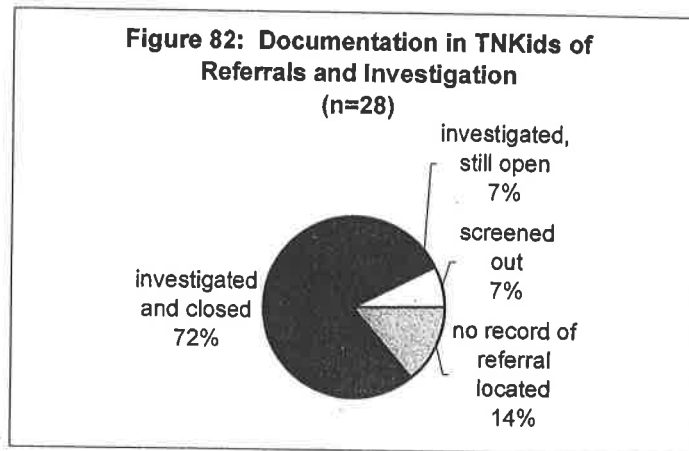
In 28 of the above 31 cases the alleged incident of maltreatment met criteria for a CPS referral. According to the information in the hard file at the time of the review (dates between April 1 and December 31, 2003), in 23 of these cases all allegations had been reported to CPS. In one case where there was more than one allegation of maltreatment between April 1 and December 31, 2003, "some" of the allegations were reported to CPS. No allegations were reported in the remaining four cases. (See Figure 81.) The three cases that did not meet reporting criteria involved discipline policy violations for foster parents. The foster parent support unit followed up in all three of these cases.



Source: *Brian A. Case File Review, April 1 – December 31, 2003*

n equals the number of children whose files contained evidence that they were the subject of abuse or neglect requiring a CPS report.

A follow-up review of the maltreatment episodes reported in the case file review was conducted in July 2004. Reviewers looked at the 28 incidents that met criteria for a CPS referral and reviewed the CPS investigation dates to determine the timeliness of the referral and investigation, and to determine the classification of the incidents. In the TNKids CPS and screen-out sections, 20 cases were found that had been investigated and closed, two cases remain open, and two cases were screened out. In four cases, reviewers could find no record of a CPS referral. (See Figure 82.)

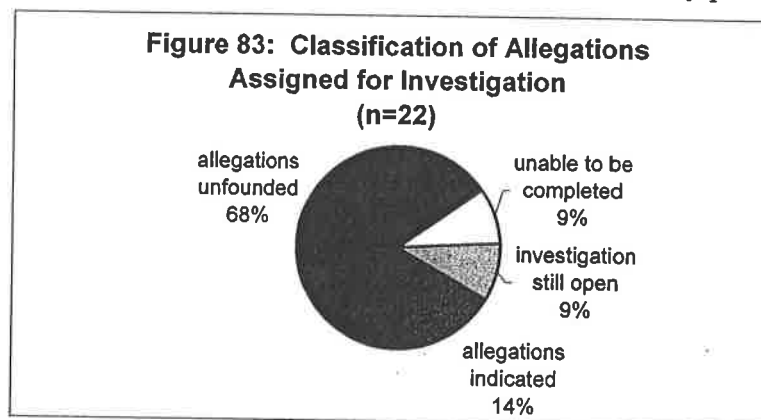


Source: Brian A. Case File Review, April 1 – December 31, 2003

n equals the number of children whose files contained evidence that they were the subject of abuse or neglect requiring a CPS report.

Figure 83 shows the investigation status of the referrals received. Of the 22 cases assigned for investigation, 20 were closed at the time of the July 2004 follow-up review. In 15 (75%) of the 20 closed cases, all allegations were unfounded. Two cases were classified as “unable to be completed” and in three cases, allegations were indicated.<sup>20</sup> The initiation of an investigation from the time of assignment was timely in all but five cases

According to the information in the TNKids screen of CPS recordings, 16 of the 22 (73%) investigations were not closed within 60 days as mandated by policy.<sup>21</sup>



Source: Brian A. Case File Review, April 1 – December 31, 2004

n equals the number of cases with allegations of maltreatment reported to CPS and assigned for investigation.

<sup>20</sup> Two of those indicated cases involved sexual abuse to a teenage foster child, perpetrated by adult biological sons or sons-in-law of the foster parent. These relatives of foster parents would not be included in a background check conducted by the Department unless they lived in the home with the foster parent. The third indicated case involved lack of supervision, and the allegations were indicated but the perpetrator was not. In this case, three children were placed with a 19-year-old relative. Due to the age of the caregiver, the allegations were unfounded and the children were placed with a friend of the family.

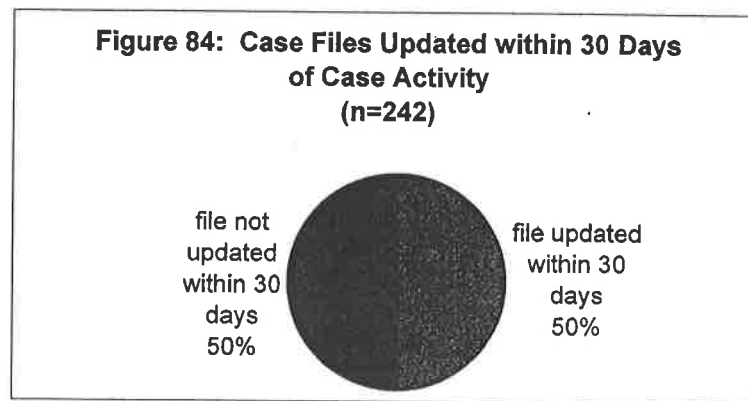
<sup>21</sup> Eight cases were assigned later than policy allows, and in three cases it cannot be determined whether or not the investigation was assigned in a timely manner because the priority level was not recorded in TNKids. Also noted in the process of verifying referrals was the length of time between the referral date and the closure of a case in TNKids.



## Case File Contents

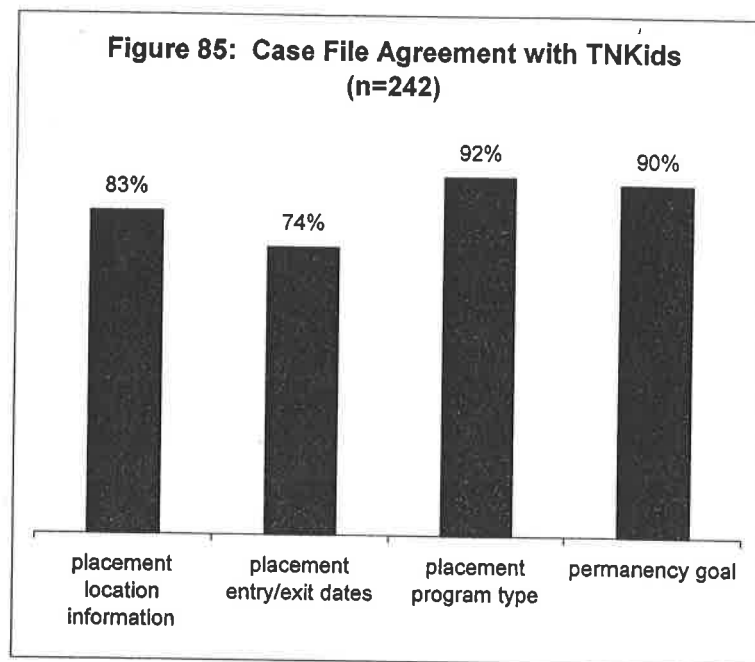
Reviewers addressed the contents and organization of the children's case files, specifically focusing on the speed with which files were updated and on agreement with placement and permanency information in TNKids. Due to a difference in the way this section of the protocol was answered by Quality Assurance and TAC monitoring staff reviewers, the information presented is only from cases reviewed by the monitoring team.

Of the 242 cases reviewed by the monitoring team, 120 (50%) contained evidence that case recordings and other documentation were updated within 30 days of casework activity. (See Figure 84.) Evidence included case recordings as well as other indicators of casework activity, such as educational, legal, and medical records.



Source: Brian A. Case File Review, April 1 – December 31, 2003  
n equals the number of cases reviewed by the monitoring team.

The monitoring team reviewed case recordings and other available documentation for placement information, as well as permanency plans and legal documents in the file for permanency information and compared that with the information entered in TNKids for the months between April 1 and December 31, 2003. Figure 85 below shows the percentage of cases in which documentation in the case file agrees with information recorded in TNKids. Placement location information agreed in only 83% of the cases and placement entry and exit dates agreed in only 74% of cases. These rates raise concerns about the reliability of TNKids data for use in analyzing case practice and performance.



Source: *Brian A. Case File Review, April 1 – December 31, 2003*  
 n equals the number of cases reviewed by the monitoring team.

Definitive reasons for the discrepancy cannot be determined from the protocol. Observation from reviewers suggests that a lapse in updating either the hard file or TNKids information (see Figure 85) or simply errors in the information available could be the cause of the gap between information in the hard file and information in TNKids. Additionally, private provider agencies do not have direct access to TNKids. Information about children in agency placements must be entered by a DCS staff member, increasing the opportunity for delay between case activity and recording.

## **Appendix A: Methodology**

Unless otherwise stated, the data presented in this report is based on the 2004 case file review jointly conducted by TAC monitoring staff and DCS Quality Assurance staff. A total of 423 DCS case files were reviewed in the period between February 18 and April 15, 2004. The primary review period was April 1 to December 31, 2003. Thus, reviewers were looking for documentation of case activities for active DCS cases in that period. Where necessary, reviewers looked outside that period to gather relevant historical data on the cases.

The *Brian A.* Settlement Agreement lists outcome and performance measures to be achieved by DCS by the end of specific intervals. Period I as defined by the Settlement Agreement covered the 18-month period between September 1, 2001 and February 28, 2003. Period II was defined to begin on March 1, 2003 and end on August 31, 2004. The Stipulation of Settlement of Contempt Motion, signed December 31, 2003 extends Period II by 15 months, to November 30, 2005. The Periods referred to in this report reflect these dates.

Reviewers gathered information from the children's hard copy files. TNKids case recordings were printed and referred to if the recordings were not included in the hard file. With the exception of the case recordings, reviewers used TNKids as a data source for only a single section of the protocol. This section compared placement and permanency goal information in TNKids with that in the file. The purpose of this section was to determine the accuracy of this information in TNKids.

### **The Case Review Protocol**

A revised version of the standardized protocol from the case file review conducted in 2003 was utilized for the review. (See Appendix B.) The protocol was revised to minimize reviewer error by providing greater clarity and to eliminate qualitative questions, which cannot be adequately assessed through a case file review. The protocol assesses case management activities required by the *Brian A.* Settlement Agreement and related DCS policy. The information presented in this report reflects documentation found in the case files; thus, only activities documented in the case files could be considered as indicators of case practice and compliance.

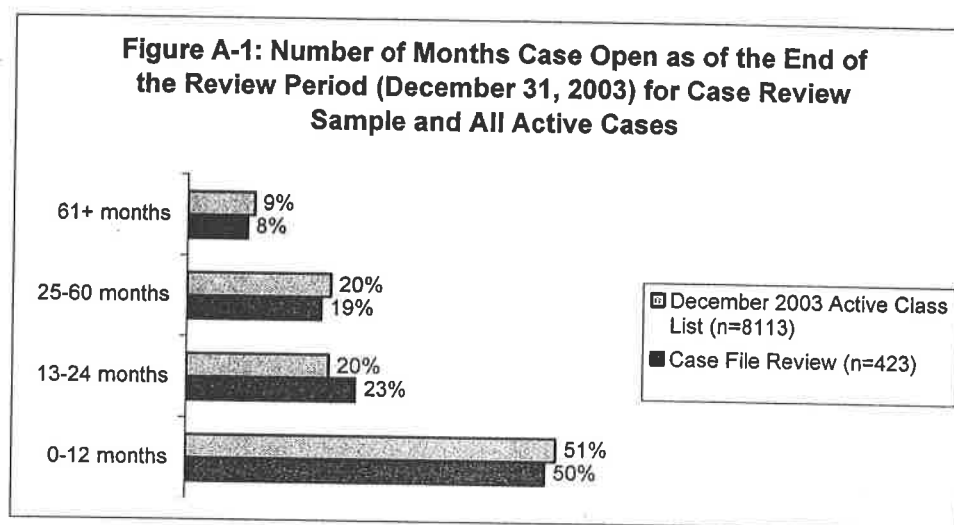
In early February 2004, reviewers "piloted" the protocol by reviewing a small number of cases from the Davidson region and made final revisions.

### **The Sample**

TAC monitoring staff and DCS staff decided on a sample size for the review that was statistically significant statewide and stratified by region. The sample was drawn to

provide statistical validity at 95% of confidence with a margin of error of  $\pm 5\%$ . DCS Central Office staff pulled the random sample for each region from the January 15, 2004 Active Class List roughly one week prior to the review for that region.

TAC monitoring staff compared the average number of months cases in the sample were open as of December 31, 2003 (the end of the review period) with those of the entire class for that region to ensure that the regional samples were representative. Figure A-1 below provides the length of time cases in the review sample had been open as of the end of the period reviewed (December 31, 2003) alongside information about the entire class of dependent/neglected and unruly children from the December 2003 Active Class List. As indicated, the review sample is fairly representative of the entire class for the length of time cases had been open.



Sources: Brian A. Case File Review, April 1 – December 31, 2003; December 2003 Active Class List.

The statewide sample consisted of 434 cases, of which 423 were read and are included in the analysis.<sup>22</sup> Eleven (11) cases could not be reviewed for one of the following reasons: the child was on runaway throughout the period reviewed, the child was adjudicated delinquent, the child was in a placement through ICPC (Interstate Compact on the Placement of Children) for at least the last four months of the period reviewed, the child ran away seven or fewer days after entry, or the child was in custody for fewer than 30 days by the end of the period reviewed.<sup>23</sup>

<sup>22</sup>The original statewide sample size was 432 cases. Two additional cases were reviewed to replace the two cases in which the child was adjudicated delinquent.

<sup>23</sup>Since the instruction not to review cases open fewer than 30 working days by December 31, 2003 was not added until the middle of the review process, 14 such cases were reviewed and are included in the analysis.

## **Data Entry and Analysis**

TAC monitoring staff created an SPSS database. A member of the monitoring team who was not reviewing case files entered data collected from both DCS Quality Assurance and monitoring review teams into the database. Data entry was completed in the field to allow reference to case files and decrease error (see Quality Control discussion below). TAC monitoring staff completed the cleaning and analysis of the data after the reviews in all regions were completed.

TAC monitoring staff conducted targeted reviews to gain additional information about specific concerns as they arose based on the analysis of the data. Data from the targeted reviews is included and clearly identified where applicable.

## **Quality Control**

TAC monitoring staff designed quality control procedures to minimize error during the process of review and data entry. One member of the TAC monitoring staff who was not reviewing cases read the completed protocols to check for inconsistencies within the reviewers' responses. When inconsistencies were found, reviewers referred back to the file to make corrections as needed. In addition, during the first half of the case file review, 10% of cases reviewed by DCS Quality Assurance were also reviewed by TAC monitoring staff and discussed between teams to ensure reliability. These steps were taken to ensure the accuracy of the data collected by reviewers.